

UNIVERSITY OF ILLINOIS

Office of Admissions and Records

APPLICATION FOR CONCURRENT REGISTRATION

For the Summer Fall Spring Semester, 19 ____

Social Security Number

Last Name

First

Middle Initial

Month Day Year

Date of Birth

Sex:

M

F

Married:

No

Yes

I am presently enrolled in the College of

_____ at:

Chicago

Springfield

Urbana

[PRIMARY CAMPUS]

I am applying for Concurrent Registration at:

Chicago

Springfield

Urbana

[SECONDARY CAMPUS]

Which Campuses of the University of Illinois have you attended?

Chicago

Springfield

Urbana

Applicant's Local Address:

Number and Street

County

City and State

Zip Code

Telephone

Indicate courses to be taken at the Secondary Campus:

1. _____

Subject and Course Number

Call Number

Hours/Units

3. _____

Subject and Course Number

Call Number

Hours/Units

2. _____

Subject and Course Number

Call Number

Hours/Units

4. _____

Subject and Course Number

Call Number

Hours/Units

I understand that if participation in the Concurrent Registration Program causes a change in my tuition and fee range, I will be responsible for any additional charges assessed.

Signature of Applicant

Date

OFFICE
USE
ONLY

Primary College Curriculum

Secondary College Curriculum

Residency: _____

Citizenship: _____

Approved _____

College Approval (Primary Campus)

College Approval (Secondary Campus)

Copy 1 - Primary Campus

Copy 2 - Secondary Campus