

UNIVERSITY OF ILLINOIS

Application for Concurrent Registration

Please complete, sign, and obtain an appropriate signature of authorization from your home college. The home college should review the proposed courses and approve their transfer. The completed form should then be submitted to the Registrar's Office on the home campus by the appropriate deadline. Deadlines are May 15 for summer, August 15 for fall, and December 15 for spring.

Demographic Information:

UIN: Summer Fall Spring Term Year

Last Name: First Name: Middle Initial:

Date of Birth: Sex: M F

MO DAY YR

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**

Applicant's Mailing Address:

Street Address County

City State Zip Code

Daytime Telephone E-mail

List courses in which you wish to enroll at the Secondary Campus:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subject/Course Number	CRN	Hours	Subject/Course Number	CRN	Hours
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subject/Course Number	CRN	Hours	Subject/Course Number	CRN	Hours

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

Applicant's Signature _____ Date

OFFICIAL USE ONLY

Primary Campus Program Code

College Approval (Primary Campus)

Residency

Secondary Campus Program Code

College Approval (Secondary Campus)

Citizenship