



Application for Re-Entry

This form is for the use of students who have previously been a Graduate student in the Graduate College at the University of Illinois at Urbana-Champaign. Students are encouraged to contact their returning department or new program of interest prior to completing this form.

Please review instructions for [Applying for Re-Entry](#) prior to filing this form.

STUDENT INFORMATION

Full legal name (international students, please list your name as it appears on your passport)

Last (Family) _____ First _____ Middle _____

Previous name, if any _____
Last (Family) _____ First _____ Middle _____

Permanent address _____
Street _____ City _____
State _____ Zip _____ Country _____ (_____) _____ - _____
(Area Code) Telephone Number

Mailing address _____
Street _____ City _____
State _____ Zip _____ Country _____ (_____) _____ - _____
(Area Code) Telephone Number

UIN _____ Date of birth: ____/____/____
Month/day/year Email address: _____

RESIDENCY CLASSIFICATION

If your residency has changed since your last term of enrollment with the Graduate College please review Residency Classification information here: http://registrar.illinois.edu/financial/tuition_details.html#residency.

ENROLLMENT INFORMATION

Last term enrolled _____ Term returning _____
Department name _____ Program name _____
Education goal (MS/PHD etc.) _____ Expected graduation date ____/____/____
Month/day/year

POST-SECONDARY EDUCATION

Have you attended any institution of higher education since your last term at the University of Illinois at Urbana-Champaign?

Yes No

Name of institution _____ Dates of attendance _____
The department you are entering may require an official transcript from any institutions you may have attended since your last term of enrollment.

I have attached a statement of my intent for re-entry

I hereby certify that the information I have provided is complete and correct.

Signature _____ Date _____

Graduate College Review:

Date Entered: _____ Pre-Check initials: _____ Date Notified/initials: _____

UIN: _____ **Student's Name:** _____

Comments and Recommendations for Re-Entry should be indicated below.

Student's Previous Department

Student's Adviser Comments and Recommendations		
_____ _____ _____ _____		
Dept	Name (print or type)	Signature/Date

Departmental Authorized Signature Comments and Recommendations		
_____ _____ _____ _____		
Dept	Name (print or type)	Signature/Date

New Department (If Applicable)

Student's Adviser Comments and Recommendations		
_____ _____ _____ _____		
Dept	Name (print or type)	Signature/Date

Departmental Authorized Signature Comments and Recommendations		
_____ _____ _____ _____		
Dept	Name (print or type)	Signature/Date

Other Comments and Recommendations		
_____ _____ _____ _____		
Dept	Name (print or type)	Signature/Date