

STUDENT INFORMATION				
UIN	LAST NAME		FIRST NAME (LEGAL NAME)	MIDDLE NAME
SSN/TCN		DATE OF BIRTH	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER	
MAILING ADDRESS			CITIZENSHIP <input type="checkbox"/> US CITIZEN <input type="checkbox"/> PERM RESIDENT <input type="checkbox"/> NON-RESIDENT ALIEN	
PERSONAL EMAIL ADDRESS			STUDENT EMAIL ADDRESS	
UIUC STUDENT STATUS <input type="checkbox"/> CURRENT UIUC STUDENT(GB) <input type="checkbox"/> NON-UIUC STUDENT(PC)			REU DEPARTMENT	
REU INFORMATION				
REU PROGRAM NAME: _____				
THE DEPARTMENT/PROGRAM CAN ATTEST TO THE FOLLOWING:				
<input type="checkbox"/> REU PROGRAM DOES NOT REQUIRE LAB/FIELD SAFETY TRAINING				
<input type="checkbox"/> STUDENT HAS COMPLETED LAB/FIELD SAFETY TRAINING ON THIS DATE: _____				
<input type="checkbox"/> STUDENT WILL COMPLETE LAB/FIELD SAFETY TRAINING BY THIS DATE: _____				
<i>You Must Submit the Lab/Field Safety Training Verification Form: https://go.illinois.edu/SafetyTrainingVerification by the Date Indicated Above for Each Student Upon Completion of Lab/Field Safety Training. If Not Completed, We Will Withhold Subsequent Stipends.</i>				
<input type="checkbox"/> STUDENT CAN PROVIDE PROOF OF INSURANCE COVERING THE REU PROGRAM				
<input type="checkbox"/> STUDENT WILL NEED INSURANCE COVERAGE				
AWARD INFORMATION / PAYMENT				
REU GRANT NUMBER & TITLE: _____				
REU GRANT BEGIN & END DATE: _____				
CFOAP: _____				
REU APPOINTING UNIT: _____				
TIME SHEET ORG	REU AWARD PERIOD START	REU AWARD PERIOD END	EQUAL MONTHLY STIPEND AMOUNT	TOTAL NUMBER OF STIPEND PAYMENTS
Expected Date of First Payment: _____				
COMMENTS BY REU DEPARTMENT/APPOINTING UNIT			REU COORDINATOR/CONTACT	
			CONTACT NAME: _____	
			CONTACT NUMBER: _____ DATE: _____	
			AUTHORIZED CONTACT UIN: _____	
UPLOAD INSTRUCTIONS				
DO NOT EMAIL THIS FORM, SEND THROUGH PEAR AT: http://go.uillinois.edu/pear				
TO: dtiedemn@uillinois.edu , fgomez@uillinois.edu , and ocen@uillinois.edu				
SUBJECT: REU INFO FORM				
DO NOT WRITE BELOW THIS LINE – FOR GRADUATE COLLEGE USE ONLY				
APPROVED BY: _____			DATE: _____	