

Graduate Student Re-entry Data Form
University of Illinois at Urbana-Champaign
Graduate Student Academic Services

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 (if different from US) () -
(Area Code) Telephone Number

E-mail address Mailing address valid from: ____/____/____ to: ____/____/____
month/day/year month/day/year

UIN _____ *Gender* (please check one): Male Female *Date of birth:* ____/____/____
*SSN** _____ month/day/year

Residency

Are you a permanent resident of Illinois? _____ *Or, are your parents permanent residents of Illinois?* _____

If yes, enter your or your parents' county of residence and length of residence in Illinois below.

Illinois county _____ *years, or* _____ *months (if less than 1 year)*

UIUC Term and Curriculum Information

Last term enrolled _____ *Term returning* _____
Department name _____ *Program name* _____
Program code _____ *Education goal* _____ *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 (please circle one) If yes, please list the name(s) of the institution(s) and dates of attendance. Please request that an official transcript be sent from that institution to the Graduate Student Academic Services, 204 Coble Hall, MC-322, 801 S. Wright Street, Champaign, IL 61820.

Name of institution Dates of attendance

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

Signature _____ *Date* _____

**An SSN is not required, but providing it will expedite the processing of your application. The University has a strong commitment to ensuring the privacy and confidentiality of student records and will not disclose any SSN without consent or for any purpose except as allowed by law and University policy (see www.ssn.uillinois.edu).*

Graduate Student Academic Services Processing

Data Entered By/date _____ (Admit type RE Student Type U)
Admitting Officer/date _____
Residency validation completed _____
International student hold removed _____
Time ticket date _____