

I am applying for the following type(s) of appointment (if applying for more than one type of appointment, indicate order of preference):

- _____ fellowship
- _____ assistantship
- _____ tuition and fee waiver only
- _____ traineeship

for:

- _____ academic year (9 months: fall and spring semesters)
- _____ calendar year (12 months: fall, spring, and summer)
- _____ one semester
- _____ summer session only
- _____ other

starting (month/year): _____

Are you a resident of the state of Illinois? YES NO

Are you related, by blood or marriage, to any member of the Board of Trustees, faculty, or staff of the University of Illinois?

YES NO If yes, please provide the following information: NAME: _____
POSITION/DEPARTMENT: _____ RELATIONSHIP: _____

Selective Service compliance statement: If you are a male U.S. citizen born after December 31, 1959, you must be registered with the Selective Service (or have a valid waiver) to be eligible for an appointment funded in whole or in part by the state. If you are in this category, please indicate your status below:

- I certify that I am registered with the Selective Service.
- I am in the armed services on active duty (does not include Reserves or National Guard).
- I am a permanent resident of the Trust Territory of the Pacific Islands or the Northern Mariana Islands.
- I have a valid waiver (please give reason for waiver): _____

Cancellation of award:

The University of Illinois at Chicago adheres to the resolution adopted by the Council of Graduate Schools in the United States, which requires that if the recipient of an award indicates his or her acceptance of the award before April 15, he or she will have complete freedom through April 15 to resign in order to accept another appointment. After April 15, however, he or she may not accept an award from another institution without obtaining formal release from the original commitment.

If the University revokes a tuition and service fee waiver awarded to a student for noncompliance with stated policies regarding waivers, the student will be held responsible for payment of the full tuition and fee bill for the term.

Conditions of acceptance of award:

I agree that if I am employed by or receive an award from the University of Illinois I will adhere to and be bound by all laws of the state of Illinois, the University of Illinois Statutes, and the General Rules concerning University Organization and Procedures adopted by the Board of Trustees or its duly authorized administrators. I understand that as a condition of such employment or award I must be enrolled in graduate studies at the University of Illinois at Chicago and I, therefore, further agree that such employment or award may be terminated by the University at its option, without notice, if I cease to be registered or violate any of the above conditions.

I have read the instructions for filing an application, and I certify that the above statements are correct and complete.

SIGNATURE

DATE _____

NAME: _____ (LAST / FAMILY / SURNAME) _____ (FIRST / GIVEN / PERSONAL) _____ (MIDDLE / MAIDEN)

U.S. SOCIAL SECURITY #: _____ **BIRTHDATE:** _____ (MONTH) _____ (DAY) _____ (YEAR)

CURRENT MAILING ADDRESS: _____

PHONE: _____ **FAX:** _____ **E-MAIL:** _____

COUNTRY OF CITIZENSHIP: _____ IF OTHER THAN U.S.A., PLEASE INDICATE YOUR STATUS BELOW:
 IMMIGRANT/PERMANENT RESIDENT INTERNATIONAL (VISA TYPE: _____) OTHER: _____

DEGREE SOUGHT: _____ **BEGINNING IN:** _____ (SEMESTER) _____ (YEAR)

PROGRAM: _____ **SPECIALIZATION:** _____

LETTERS OF RECOMMENDATION: You should provide the 3 persons who will be writing a letter of recommendation in support of your application with a Request for a Letter of Recommendation form. List each recommender's name and either their departmental/institutional affiliation or their address below.

Do you agree to waive inspection rights?

- | | | |
|----------|------------------------------|-----------------------------|
| 1. _____ | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. _____ | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. _____ | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

PERSONAL STATEMENT: Include with this application a statement concerning your past work in your proposed or allied fields of study, including non-course educational experiences, teaching, or other relevant employment, publications, awards and your plans for graduate study and a professional career. Also include courses in which you are currently enrolled which do not appear on your transcript.

ACADEMIC TRAINING: Include all junior colleges, colleges, universities, graduate and professional schools where you have earned credit.

INSTITUTION AND DATES ATTENDED	MAJOR AND MINOR FIELDS	DEGREE/DATE CONFERRED
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_____	_____	_____
_____	_____	_____
_____	_____	_____

EXPERIENCE: List experience not detailed in the "ACADEMIC TRAINING" section above (teaching, research, professional, business, etc.)

INSTITUTION OR ORGANIZATION	DATES EMPLOYED	NATURE OF WORK
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_____	_____	_____
_____	_____	_____
_____	_____	_____

EXAMINATIONS: List all graduate-level admission examinations you have taken and/or are scheduled to take.

GRE GENERAL exam by (check one) computer-based testing (CBT) administration paper-and-pencil administration
 test date (month/day/year): _____
 verbal score and % below: _____ quant. score and % below: _____ analytical score and % below: _____

GRE SUBJECT test date (month/day/year): _____ subject test name: _____
 total score and % below: _____ subscore 1: _____ subscore 2: _____ subscore 3: _____

TOEFL exam by (check one) computer-based testing (CBT) administration paper-and-pencil administration
 test date (month/day/year): _____ total score: _____ section 1: _____ section 2: _____ section 3: _____

TSE test date (month/day/year): _____ score: _____

MEMBERSHIPS AND HONORS: List 1) honor societies and scholarly/professional organizations of which you are a member and 2) scholarships, prizes, or other recognition received.

