



University of Illinois at Chicago
Office of Continuing Education (M/C 165)
1333 South Halsted Street, Suite 225
Chicago, Illinois 60607-5019

UIC Office of Continuing Education

ENROLLMENT FORM

Credit Courses and Programs

Items with bracketed numbers [] are explained on the accompanying Enrollment Information sheet.

Please enroll me in the following courses:						
Semester (e.g. Fall 09)	Program name, if applicable (e.g. Algebra Initiative, etc)	Course Rubric and Number (e.g. CIE 460)	Course title	Credit Hours	Audit [10]	Cost (tuition+fees or *amount due from student)
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
Total amount due:						

YOUR PROFILE *(please print legibly)*

First name	Middle initial <input type="checkbox"/> female <input type="checkbox"/> male	Last name	Previous name used
Date of Birth	Gender	Social security number (optional) [9]	UIN (if known)
Current mailing address			
City	State/Province	Zip code	Country (if other than United States)
Email address		Fax	
Day phone	Evening phone	Mobile phone	
Occupation/Title		Employer	
Highest Education Level: <input type="checkbox"/> HS Diploma or Equivalent <input type="checkbox"/> Associate/Technical Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral Degree			

Institution	City	State/Province	Country (if other than United States)	Graduation date (mm/yy)
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Racial/Ethnic Information (optional): Your response to the following is voluntary and will not affect your application. For data collection purposes, check only one box that indicates race/ethnicity you identify with most.

Native American Indian or Alaskan Native; African-American/Black, not of Hispanic origin; Asian or Pacific Islander;
 White, not of Hispanic origin; Mexican-American; Puerto Rican; Cuban; Other Hispanic (please specify your race/ethnicity) _____

DETERMINING YOUR PAYMENT [14] - [17]

If any of the three situations below apply to you, you do not have to submit advance payment with your enrollment. See Enrollment Information for details.

- I am currently admitted to UIC-other than the Office of Continuing Education (You will be assessed campus range tuition and appropriate campus fees).
- I am not a regularly admitted UIC student, but I have a verified UIC tuition waver.
- I am not a regularly admitted UIC student, but I am eligible for a grant or loan (e.g., Illinois Veteran's Grant, Stafford Loan, etc.).

PAYMENT INFORMATION [13]

- Check or money order enclosed (payable to the University of Illinois)
- Credit card: American Express Discover MasterCard Visa

Name of credit card holder _____

Billing street address _____ Billing zip code _____

Credit card number _____ Credit card expiration date _____

Security verification code (MC/V/Discover: 3 digits, AMEX: 4 digits) _____

Card holder's signature _____ Date _____

ADMISSION AGREEMENT [1]

I understand that by submitting this form I am requesting enrollment in credit courses through the UIC Office of Continuing Education and will be admitted to UIC as a nondegree extramural student (unless I am already currently admitted to UIC).

PAYMENT AGREEMENT [6] + [7]

I understand that I am obligated to pay the costs indicated for this (these) course(s) unless I make a written request to cancel my enrollment prior to the first class meeting or the course specific refund date, whichever is earlier. (Course specific refund dates are published in the "Comments" section of the online "Course Information" page for this course on the OCE web site.) I understand that if I cancel my enrollment I will forfeit the nonrefundable administrative fee.

Sign here to verify the above agreements (required) _____ Date _____

Mail your completed enrollment form along with payment (if you are paying by check or money order) to our address above or fax to 312.996.8026

Questions? Contact us...

email oce@uic.edu | phone 312.996.8025
website www.oce.uic.edu