



# SCHOOL OF PUBLIC HEALTH CREDIT NONDEGREE

## University of Illinois at Chicago

School of Public Health (MC 923) • 1603 West Taylor Street • Chicago, Illinois 60612-4310 • (312) 996-5357 • TTY (312) 355-0379

Include \$40 (domestic or immigrant applicant) or \$50 (international applicant) nonrefundable application fee (U.S. currency) payable to the University of Illinois.

3750

Check one:

- First-time applicant
- Previously applied

Check if appropriate:

- Chicago applicant
- Peoria applicant
- Rockford applicant

Please type or print in ink.

### 1 Proposed Term of Enrollment

(check one only)  Fall (August)  Spring (January)  Summer (June) Year \_\_\_\_\_

(If not a U.S. citizen, please print your name exactly as it appears or will appear on your passport)

### 2 Full Legal Name

Last/Family Name/Surname

First/Given/Personal

Middle

### 3 Indicate Any Name(s) You Have Used

on previous academic records that are different than above

Last/Family Name/Surname/Maiden

First/Given/Personal

Middle

### 4 U.S. Social Security Number

| | | | | | | | | |

### 5 Permanent Legal Home Address

Number and Street or Rural Route

Apt. No.

Area Code and Telephone Number

City or Town

County

State (or Country)

Zip Code

### 6 Current Mailing Address

if different from #5

Number and Street or Rural Route

Apt. No.

Area Code and Telephone Number

City or Town

County

State (or Country)

Zip Code

### 7 Birthdate

| | | | | | | |  
Month Day Year

### 8 Sex

- Male
- Female

### 9 Work Area Code and Telephone Number

E-Mail

### 10 Are you a U.S. citizen?

- Yes (D)
- No

If No, check the appropriate box (I, F, or N) indicating your current status.

I — **NONCITIZEN:** Immigrant, refugee, parolee, conditional entrant or asylum status. Please attach a copy of both sides of the Alien Registration card, Temporary Resident card, or other INS document.

F — **INTERNATIONAL:** An international applicant is a citizen or permanent resident alien of a country or political area other than the United States who has a residence outside the United States to which he or she expects to return and either is, or proposes to be, a temporary alien in the United States for educational purposes.

Country of citizenship \_\_\_\_\_

Country of birth \_\_\_\_\_

If on visa, indicate current visa type \_\_\_\_\_ and attach affidavit of financial support if form I-20AB or IAP-66 is required.

N — **OTHER**

### 11 Are you a resident of the state of Illinois?

- Yes
- No
- Uncertain

If Yes or Uncertain, indicate your length of residence in Illinois: \_\_\_ Years \_\_\_ Months

Please provide the following information if claiming Illinois residency through your parents, spouse, or legal guardian.

- Name of parent(s)
- Spouse
- Legal guardian

} \_\_\_\_\_

Last Name

First

Permanent home address of above person

Number and Street

City or Town

State or Country

Zip Code



**18 Emergency Contact:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

**19 This certification must be signed and dated by the applicant before action can be taken on this application.**

**CERTIFICATION:** I understand that withholding information, including attendance at any other institution, requested on this application or giving false information may make me ineligible for admission to the University or subject to dismissal. I have carefully read the application instructions and the application. I certify that all the information I have provided is complete and correct. I also agree to pay all reasonable collection costs, including attorney fees and other charges, necessary for the collection of any amount owed to the University that is not paid when due.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only		
	Initials	Date
Coder		
Data Services		

Application Fee Validation