



16 HAVE YOU ATTENDED ANY OTHER COLLEGE OR UNIVERSITY? (Please use a separate sheet if necessary.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list all colleges and dates of attendance. List most recent college first.				
Name of College/University	City and State (or Country)	Dates of Attendance		Degrees Conferred
		From	To	
		/	/	
		/	/	
		/	/	
		/	/	
		/	/	
		/	/	

17 The certification statement must be signed by the applicant before action can be taken on this application. The disclaimer statement should be signed only if you are enrolling as a student-at-large.

**CERTIFICATION** I understand that withholding information on this admission application or giving false information may make me ineligible for admission to the University or subject to dismissal. I certify that the statements I have made on this application are correct and complete.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**DISCLAIMER STATEMENT FOR GRADUATE STUDENT-AT-LARGE** I certify that I have a baccalaureate degree from a college or university that is accredited by the appropriate regional accrediting association. I understand that my enrollment in this graduate-level course does not constitute admission to a degree program in the Graduate School at Illinois State University. I further recognize that there is no guarantee that credits earned from my enrollment will be applicable to a degree at Illinois State University. All graduate courses taken as a Student-at-Large will be computed into graduate grade-point average.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**NEW STUDENT APPLICATION FEE (beginning fall 2001)**

**Please Note:** Former or current Illinois State University students applying to the same level are **exempt** from the fee.

- Applicants are required to submit a nonrefundable \$40 application processing fee that must be submitted with the application.
- Attach a check or money order payable to *Illinois State University* to the application. If you would like to pay by credit card, you will need to provide us with your credit card information. Please note: should you not enroll, the application fee is valid for three consecutive terms.
- The fee is nonrefundable. An applicant denied admission or one who fails to submit all necessary information for an admission decision will not receive a refund of the fee.

18 PAYMENT INFORMATION
<p><b>THE APPLICATION FEE MAY BE WAIVED IN THE CASES NOTED BELOW. IF APPLICABLE, CHECK THE APPROPRIATE BOX.</b></p> <p><input type="checkbox"/> I am an employee of Illinois State University as a faculty/staff member. (The waiver does not apply to temporary help or student/graduate assistant positions.)</p> <p><input type="checkbox"/> I am applying for a waiver based on documented financial need. (If you wish to be considered for a waiver, you must submit with this application a copy of a test registration fee waiver granted by the Educational Testing Service for the GRE or a copy of your most recent Student Aid Report. You will be notified in writing if the request for a waiver is not granted.)</p> <p><input type="checkbox"/> I am a former or current Illinois State University student who enrolled and completed coursework at Illinois State, and I am applying as a student at the same level.</p> <p><input type="checkbox"/> I have served one year of active duty with the United States Military.</p>

**19 IF YOU DO NOT QUALIFY FOR AN APPLICATION FEE WAIVER, AS LISTED IN #18, PLEASE INDICATE ONE FORM OF PAYMENT.**

- Bank check/Personal check (attached) payable to Illinois State University       Money order (attached) payable to Illinois State University
- Credit card (provide account information below.)
- Circle one: American Express      Discover      Mastercard      Visa

Cardholder's Signature \_\_\_\_\_

Account number: \_\_\_\_\_ Expiration date \_\_\_\_/\_\_\_\_

Cardholder's Name \_\_\_\_\_

ATTACH CHECK HERE

<b>20</b> <b>COURSE TITLE</b> _____	<b>21</b> <b>INSTRUCTOR</b> _____		<b>22</b> <b>COURSE BEGIN DATE:</b> _____ <b>COURSE END DATE:</b> _____
<b>23</b> <b>DEPT.</b> _____	<b>24</b> <b>CRS. NO.</b> _____	<b>25</b> <b>SECTION NO.</b> _____	<b>26</b> <b>SEM. HRS.</b> _____ <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Yr _____

PLEASE DO NOT FORWARD TUITION PAYMENT. IF APPLICABLE, YOU WILL BE BILLED UPON SUCCESSFUL COMPLETION OF THE ENROLLMENT PROCESS. IF TUITION AND FEES ARE NOT PAID IN FULL, YOU WILL BE AUTOMATICALLY PLACED ON THE INSTALLMENT PLAN AND ASSESSED A \$25.00 SERVICE FEE.

**MAIL THIS FORM AND APPLICATION FEE PAYMENT** (unless paying by credit card or meet waiver requirement) **TO:**

EXTENSION ADMISSION REGISTRATION  
ILLINOIS STATE UNIVERSITY  
CAMPUS BOX 2202  
NORMAL, IL 61790-2202

**OR**

**FAX TO:** (309) 438-8652

\*The University Identification Number (UID) is requested as the best and most effective way to uniquely identify you for the purpose of accurately processing and maintaining your educational records. This number is used as the student identification number and is restricted to internal University use. For any reports required by the Federal or State Government, and for the following: matching admission applications with ACT or GRE scores, matching admission status with financial aid, and for providing loan verification, we must use your social security number. For additional information or limited access of your social security number and/or UID, please notify the Office of the University Registrar, Campus Box 2202, Normal, IL 61790-2202 or (309) 438-2188.