University of Illinois at Urbana-Champaign
College of Applied Health Sciences
Re-Entry Form

This form is for students who are returning after being gone for more than one semester. Students using this form were in good academic standing before departure.

Full Legal Name ______________________________________________________________

Last         First         Middle

Previous Name, if any ____________________________________________________________

Last         First         Middle

UIN __________________________________________________ Male / Female (circle) Date of Birth ___/___/____

Permanent Address ____________________________________________________________

Mailing Address, if different than permanent:

____________________________________________________________________________

____________________________________________________________________________

Email address _________________________________________________________________

Residency Information

Are you a permanent resident of Illinois? ________ (yes or no)

If yes, enter your county of residency and length of residency in Illinois below.

Illinois County _______________________ Years ___________ OR  Months _____________

UIUC Term, College and Curriculum Information

Last Term Enrolled _________________ Term Returning _______________________

Intended Major _____________________ Concentration _________________________

Post-Secondary Education
Have you attended any institution of higher education since your last term at the University of Illinois at Urbana-Champaign? ________ (yes or no)

If yes, Please provide the name of the institution and the dates of attendance. Please request official transcripts be sent to:
University of Illinois, Office of Undergraduate Admissions, 901 W Illinois St, Urbana, IL  61801

Name of Institution ___________________________ Dates of Attendance ______________________

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

Signature ___________________________ Date ________________

Return this form to:
College of Applied Health Sciences, Office of the Dean, 110 Huff Hall, 1206 South Forth Street, Champaign, IL  61820
Fax:  217-333-0404    For questions, please call 217-333-2131