



OFFICE OF THE REGISTRAR
 Sherman Hall 110
 1 University Circle
 Macomb, IL 61455-1390

Phone: 309/298-1891
 Fax: 309/298-2787
 Internet: www.wiu.edu
 E-mail: R-Office@wiu.edu

UNDERGRADUATE 5((175 <)250

To be used by applicants who have previously D W W H O L G H G

3 O H D V H W \ S H R U S U L Q W O H J L E O \ D Q G F R P S O H W H E R W K V

6 R F L D O 6 H F X U L W \ 1 X P E H U

R S W L R Q D O U H T X L U H G I R U I H G H U D O W D [D Q G W W I D e n t i f i c a t i o n N u m b e r

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

5 Return L Q J I R U:

F Fall _____ (year)
 F Spring _____ (year)
 F Summer _____ (year)

5 H W X U S L Q J

F Re H Q W U \ (5)
 F Visiting student (4)

Location:

F Macomb Campus F Online
 F WIU-Quad Cities

Last attended Western Illinois University _____ (term) _____ (year)

Anticipated Major: _____ Teacher education: F Yes F No

3 X E O L F \$ F W U H T X L U H G / R M K T U X W W K H H V R I H D F K S X E O L F X C
 V W X G H Q W G H F O D U L K H L R U D F I D C H P L O J P D M R U R U S U R J U D P R I V W X
 2 F F X S D V L X R M C O R N 5 H S R U W D V V R F L D W H G Z L W K W K D W P D M R U K
 3 (5 6 2 1 \$ / , 1) 2 5 0 \$ 7 , 2 1

Legal Name:

Last First Middle Former legal name, if any

Permanent address:

Phone:

()

Street

Area Code

City State Zip County

Mailing address:

Phone:

()

Street

Area Code

City State Zip

Cell Phone: _____ Date of birth: _____

MM/DD/YYYY

E-mail: _____

F U.S. Citizen

F Non U.S. Citizen

Specify country

Permanent resident number

Type of visa

In case of emergency, contact:

Name

Daytime phone

Evening Phone

()

()

Area Code

Area Code

Address:

Street City State Zip

Relationship: F Parent F Guardian F Spouse F Other _____

Class	Status
ADST	ADPR
AHE	
WHA	
WHE	
WHP	
W-GPA	
W-Terms-TR	
Original Admission Type	
Original Matriculation Date	
No. Dism.	
No Hold A	
Hold A	
Date	

YOU MUST COMPLETE BOTH SIDES OF THIS) 2 5 0

