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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 L Q J S X U S R V H V

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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 Q W  
 V W X G H Q W G H F O D U L I Q H L R U D F I D C H P L O F J P D M R U R U S U R J U D P R I V W X H W  
 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 N W O V P D M R U U  
 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.	
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Date	

YOU MUST COMPLETE BOTH SIDES OF THIS ) 2 5 0

