



2+2 Partnership Program Application
Office of Admission, Campus Box 1047 Edwardsville, IL 62026-1047

Which 2+2 partner institution do you attend? _____

1. Semester in which you intend to start at SIUE: Fall _____ Spring _____ Summer _____ 20 _____ (yr)

2. Legal Name _____
Last First Middle Suffix Maiden or former last name(s)

3. Permanent Home address _____
(Street number/street name/apartment no. if applicable)

4. City or Town _____ State _____ ZIP _____ Phone (include area code) _____

Mailing Address (if different from permanent) _____
(Street number/street name/ apartment no. if applicable)

City or Town _____ State _____ ZIP _____ Phone (include area code) _____

5. Gender Female Male 6. Date of Birth (MM/DD/YY) _____ 7. Social Security Number (See Notice) _____

8. Are you a U.S. Citizen? Yes No Permanent Residents must provide a copy of the Alien Registration Card (Green Card) for review.

9. Has a member of your family graduated from SIUE? Parent (P) Sibling (S) Grandparent (G) Extended Family (X)

10. Please answer the following questions to assist SIUE's efforts to comply with civil rights legislation and mandatory reporting to federal and state agencies. Your responses to the following questions will **not** affect your admission decision.

Do you consider yourself Hispanic or Latino? Hispanic or Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Yes, I am Hispanic or Latino No, I am not Hispanic or Latino

In addition, please select one or more of the following racial categories that describe you:

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa

11. Preferred Email Address: _____

12. Post Secondary Information: Required of applicants who have attended any college or university after high school graduation, including SIUE. List all institutions (no abbreviations) attended and include all requested information. (Add a sheet if necessary.)

School Name	Dates Attended	External Degree	Semester Hours

13. Enter Code for your intended area of study. _____ (See program listing for proper code.)

14. Do you plan to live in on-campus housing? Yes No

15. Have you served in or are you serving on active duty with the armed services? Yes No

16. Please answer the following questions to determine your residency for tuition purposes. Applicants failing to respond to these questions will be assumed to be out-of-state residents. SIUE now offers in-state tuition to residents of Arkansas, Indiana, Iowa, Kentucky, Missouri, Tennessee and Wisconsin. For more details, visit siue.edu/instatetuition.

I am a resident of the following state: _____

I have resided in this state for _____ years _____ months

I am requesting consideration as an "undocumented" student who lives in the United States with no documentation stating U.S. citizenship or legal residency. Please circle one: Yes No

IMPORTANT: This question will determine your residency for tuition purposes. Applicants failing to respond to this question will be assumed to be out-of-state residents.

17. Have you been convicted of a felony, pleaded guilty to a felony, or are you currently under an indictment/information for felony charges?
Yes No

Southern Illinois University Edwardsville is committed to maintaining a safe environment for all members of the University community. The University requires applicants who are under indictment or have been convicted of a felony to disclose this information as a mandatory step in the application process. A previous conviction or current indictment does not automatically bar admission to the University, but does require review. Complete information must be sent by Certified Mail at the time of application for admission to:

Southern Illinois University Edwardsville; Director of Admissions; Campus Box 1600 Edwardsville, IL 62026-1600.

Applicants are responsible for verifying receipt by the University and for maintaining a copy of the receipt certifying submission. Information to be submitted includes: a brief explanation, a location (city, state, country) of conviction or current indictment, dates and court disposition. This statement also must include a grant of permission to the University for complete access to criminal records, if any. For more information about this requirement, call (618) 650-3705.

18. **CERTIFICATION:** This certification must be signed and dated by the applicant before action can be taken on this admission and scholarship application. I understand that withholding information requested on this 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.

Print Name _____

Signature _____

Date _____

19. I, _____, hereby authorize my host institution and SIUE to release and provide my academic records and/or supporting documents to each other for the Partnership Program. Information that will be shared in conjunction with the Partnership Program includes but is not limited to: transcripts, enrollment status, degree audit, email and mailing address. I acknowledge that I understand the purpose of the request and that authorization is hereby granted voluntarily. I understand that this release is valid during the duration of my Partnership Program between my host institution and SIUE. I further understand that I may cancel or revoke this authorization at any time in writing. If I do cancel the authorization, I understand I will not be able to continue in the Partnership Program.

Signature _____ Date _____

NOTICE

Southern Illinois University Edwardsville (SIUE) prohibits discrimination on the basis of age, ancestry, arrest record, citizenship status, color, disability status, gender, language, marital status, national origin, order of protection status, race religion, sex (including sexual assault), sexual orientation, unfavorable military discharge or veteran status regarding but not limited to the administration of educational programs, admission of students, employment actions, athletics or other sponsored activities.

The University complies in letter and spirit with appropriate federal and state legislation, including, but not limited to, Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, the Americans with Disabilities Act of 1990 (ADA) and the Illinois Human Rights Act as amended. Anyone seeking information concerning the University's obligations as an equal opportunity and affirmative action institution should be directed to the Office of Equal Opportunity, Access and Title IX Coordination (618) 650-2333, Rendleman Hall, Room 3310, Campus Box 1025, Edwardsville, IL 62026-1025.

SIUE is committed to student privacy and confidentiality of information. Although submitting your Social Security number is voluntary, it is recommended because the Social Security number expedites matching of credentials for admission review and processing. It is also required of those students applying for financial aid. SIUE also needs your Social Security number in order to furnish Form 1098T, Tuition Payments Statement, used to claim an income tax credit for the Hope and Lifetime Learning Education Credits. The University will not share your Social Security number with any third party without your knowledge.

In accordance with Illinois State Law, the SIUE Police Department shall disclose the name, address, date of birth, place of employment, school attended, and offense or adjudication of all sex offenders required to register under Section 3 of the Sex Offender Registration Act [730 ILCS 150/3] upon request. Please contact the SIUE Police Department for all questions and/or inquiries.

The SIUE ANNUAL SECURITY REPORT is available on line at siue.edu/securityreport/. The report contains campus safety and security information and crime statistics for the past three calendar years. This report is published in compliance with federal law, titled the "Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act." You also may access this report online at: siue.edu. For those without computer access, a paper copy of the report may be obtained from: Office of the Vice Chancellor for Administration, Rendleman Hall, Room 2228, 618-650-2536.

FOR OFFICE USE ONLY:

Transcript/Schedule received: ____ Yes ____ No

Student Eligible for Admission: ____ Yes ____ No