

SIUE DUAL ADMISSIONS APPLICATION
Submit application to your community college Dual Admissions representative.
(See Dual Admissions Agreement Information for details.)
No Application Fee is Required

1. Semester for 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)

City or Town_____ State_____ Zip Code_____ Phone (include area code) (____)_____

4. Mailing Address (If different from permanent)_____

(Street number/street name/apartment no. if applicable)

City or Town_____ State_____ Zip Code_____ 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 their 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 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 America (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. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."*
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. Which dual admission partner institution do you attend?_____

12. Which program do you intend to complete at the community college?
Associate of Arts
Associate of Science
IAI General Education Core Curriculum (37 hours)

13. Preferred E-Mail address:_____

14. High School/Home School from which you graduated?

Did you complete the General Educational Development (GED) examination? Yes or No

Continued on other side

SIUE DUAL AGREEMENT *continued*

15. 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 (Use an additional sheet if necessary).

School Name (include City and State)	Dates Attended (Month/Year)	External degree(s) earned or planned and dates	Semester Hours Completed

16. Check one of the following:

I currently live in Illinois and have lived in Illinois for at least six continuous months.
 I have lived in Illinois for less than six months.
 I do not live in Illinois.
 I am an international student in possession of an appropriate student visa: Visa Type: _____
 Requesting consideration under Public Act 93-7. (undocumented students)

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. Enter code for your intended major or pre-professional program at SIUE (see code list on opposite page)

MAJOR: _____

18. Do you plan to live in on-campus housing at SIUE? Yes No

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

20. Have you ever been convicted of or under current indictment for a felony? 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 crime (other than a routine traffic offense or in a juvenile proceeding) 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; Office of Admissions Review Committee; 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.

21. 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 _____ Social Security Number _____

Signature _____ Date _____

22. I, _____, hereby authorize my host institution and SIUE to release and provide my academic records and/or supporting documents to each other for the Dual Agreement program. Information that will be shared in conjunction with the Dual Agreement 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 Dual Agreement 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 Dual Agreement Program.

Student Signature: _____ Date: _____

Community College Office use only: First semester at Community college _____ Planned entry term at SIUE _____

Approved by: _____ Date: _____