



Office of Admissions
 1230 Old Main
 600 Lincoln Avenue
 Charleston, Illinois 61920-3099

Undergraduate Application for Admission

Please submit:

- \$30 non-refundable application fee payable to: Eastern Illinois University
- Official high school and/or college transcript(s)
- Official ACT or SAT test results

The University reserves the right to discontinue accepting applications at such time as resources are insufficient to accommodate additional students effectively. The University will not compromise the quality of programming by admitting more students than it has facilities to accommodate.

Please type or print in black ink

Social Security Number _____ - _____ - _____

Name _____
last first middle

Permanent Address _____
number and street apt. #

city county state zip code

Home Phone (_____) _____ - _____ **E-mail** _____
area code

Birth Date _____ Male Female **Previous Name** _____
month day year

Illinois Resident? Yes No **How long?** _____ years _____ months

U.S. Citizen Permanent Resident Alien _____ Illinois House Bill 60 (undocumented)

In case of emergency, contact:

Name _____ **Relationship** _____ **Home Phone** (_____) _____ - _____
area code

Address _____
number and street apt. #

city county state zip code

E-mail _____

Your responses to the following questions will not affect the admission decision and are optional.

OPTIONAL

Ethnic Origin This information is requested so that we may demonstrate to federal and state agencies that the institution is in compliance with appropriate regulations.

Are you Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race) Yes No

Select one or more race:

- White Black or African American American Indian or Alaska Native Asian Native Hawaiian or other Pacific Islander

Does either parent(s)/legal guardian(s) have a bachelor's (four-year) degree? Yes No

Have any immediate family members graduated from Eastern Illinois University? Yes No

I have served or am currently serving on active duty, other than training, in the U.S. Armed Forces. Yes No

Have you ever been convicted of or are under current indictment for a felony? Yes No

Applying as Freshman Transfer **Applying for Year** _____ Fall (beginning Aug.) Spring (beginning Jan.) Summer (beginning June)

I would like to be considered for the Gateway program. (first-time freshmen, fall semester only) Personal statement and three (3) letters of recommendation required.

Intended Major _____ **Do you plan to teach?** Yes No
a complete list of majors can be found at www.eiu.edu

Have you previously applied to/or attended this institution? Yes No If yes, indicate term and year _____

Last high school attended or GED _____ **Graduation date** (month/year) _____ / _____

List colleges or universities attended, **beginning with the most recent**. Use additional sheet if necessary.

Name/Campus	City	State	Beginning Date	Ending Date	Degrees/Hours Earned
1.					
2.					
3.					
4.					

High school official:

This is to certify that the rank in class and cumulative grade point average at the close of the stated semester for the student named on this application is ____ / ____ and _____ on a _____ scale at the end of the _____ semester. (To be completed for first-time freshmen only.)

ACT/SAT scores on transcript? Yes No _____

_____ **signature and title of certifying officer at high school**

_____ date

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