Petition for Re-entry

This form is for the following students; however, re-entry is not guaranteed:

- Any University of Illinois undergraduate student who voluntarily “stopped out” for more than two calendar years AND has not exceeded the maximum terms of enrollment eligibility.
- Any University of Illinois undergraduate student who voluntarily “stopped out” for one semester or more AND left while not in good academic standing.
- Any University of Illinois undergraduate student on drop status or required to spend time away from campus due to inadequate academic progress.

Name______________________________________ UIN___________________________

Email______________________________________ Phone________________________

Please note:
- Courses taken during your time away from Illinois can impact the curriculum you wish to (re)enter and time to degree.
- Students (re)entering licensure majors are subject to all program and licensure changes.

Last curriculum/major__________________________________ Term of last enrollment__________________

Desired curriculum/major________________________ Term in which you are seeking to return____________________

Before submitting this petition, it is highly recommended that you complete the following checklist:

___Log on to the Student Self-Service system to check for holds on your account. If you have a hold, resolve it with the appropriate college office before submitting this form

___Check with the Office of Student Financial Aid, if applicable, to determine your financial aid status.

<table>
<thead>
<tr>
<th>Term for which applying</th>
<th>Deadline for application for priority registration</th>
<th>Last possible date for completed application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summer Term</td>
<td>March 15</td>
<td>April 30</td>
</tr>
<tr>
<td>Fall Term</td>
<td>March 15</td>
<td>June 1</td>
</tr>
<tr>
<td>Spring Term</td>
<td>October 15</td>
<td>November 30</td>
</tr>
</tbody>
</table>

Written Response

Please answer the following questions on another sheet of paper and attach to this form:

1. What factor(s) caused your previous academic difficulties or leave from the university?
2. What has changed from then until now that will allow you to succeed upon return?
3. What have you been doing since you left the university?
4. Briefly describe your long range educational and career goals.
5. Do you have medical documentation* to support your re-entry petition? ___YES ___NO

If yes, please send it separately* to:
McKinley Health Center
Attn: Kathie Pound, Administrative Nurse
1109 South Lincoln Avenue
M/C 026
Urbana, IL 61801
(217) 333-2705
kpound@illinois.edu

*McKinley Health Center will review and keep confidential your medical records.
Transfer Coursework

If you have taken or if you are currently taking classes, please complete the section below and attach an unofficial transcript to this form. Mail official transcripts to: Office of Undergraduate Admissions, University of Illinois, 901 West Illinois Street, Suite 103, Urbana, IL 61801. Electronic transcripts may be accepted. (See https://registrar.illinois.edu/transcredit for instructions.)

Institution____________________________________________________________________________

Term(s) of enrollment_____________________________ Total Credit hours____________

Institution____________________________________________________________________________

Term(s) of enrollment_____________________________ Total Credit hours____________

Institution____________________________________________________________________________

Term(s) of enrollment_____________________________ Total Credit hours____________

Checklist

Please complete the following checklist before submitting the petition:

___ complete form

___ attach written response

___ attach unofficial transcripts

___ send official transcripts to Office of Undergraduate Admissions

I certify that the statements on this form are correct and complete. I understand that official transcripts must be sent to the Office of Undergraduate Admissions. I understand I must submit this form to:

College of Education
Student Academic Affairs Office
1310 South 6th Street Rm 110
Champaign, IL 61820

Signature_____________________________________________________________________________ Date______________________________
This section to be completed by Associate/Assistant Dean for Academic Affairs:

___Statement of Intent to Return **APPROVED**

Comments:

Dean's Signature_____________________________ Date____________________________

Correspondence to Student (attach Returning Conditions) date________________________

Special Action required (place hold, required meeting with SCE, etc)____________________________

Was student a COE Scholarship recipient? _____________________________________________

___Statement of Intent to Return **DENIED**

Comments:

Dean's Signature_____________________________ Date____________________________

Place hold on student (type of hold, effective date)____________________________

Correspondence to student (copy attached) date____________________________

________________________

SAAO use only

___SHAINST - if not from COE and need academic standing override

___SGASADD - attribute

___SGASTDN or SFAREGS - change program code, catalog term

___SOAHOLD - assign holds

___SGAADVR - if not from COE and need to assign an adviser

___Contact SCE and CoTE

Comments: