Statement of Intent to Return

This form is for undergraduate students who meet all of the following conditions:

- You voluntarily withdrew from the semester or “stopped out” for a period of at least two semesters (not including summer) but not more than two calendar years.
- You left in good academic standing.
- You have not exceeded the maximum term of eligibility.

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_________________________ Last term of 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 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>

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/trans-credit for instructions.)

Institution__________________________________________

Term(s) of enrollment_________________________ Total credit hours________

Institution__________________________________________

Term(s) of enrollment_________________________ Total credit hours________

I certify that the statements on this form are correct and complete. I understand that official transcripts from all institutions attended since my last enrollment must be sent to the Office of Undergraduate Admissions. Please return this form to 142 Education.

Signature_________________________________________ Date_____________________

0816
This section to be completed by Assistant Dean for Academic Affairs:

☐ Statement of Intent to Return **APPROVED**

Comments:

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:

Asst. Dean’s Signature __________________________ Date __________________________

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

Correspondence to student (copy attached) date ________________________________

For 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: