



**Partnership Program Application**

Office of Admissions, Campus Box, 1047 Edwardsville, IL 62026-1047

\_\_\_ Dual Admission \_\_\_ Pathways

Which partner institution do you attend? \_\_\_\_\_

Which program do you intend to complete at the community college?

\_\_\_ Associate in Arts \_\_\_ Associate in Science \_\_\_ IAI General Education Core Curriculum (37 hours) \_\_\_ ADN \_\_\_ AES

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) City State ZIP

Mobile Phone (include area code) \_\_\_\_\_  By checking this box, I give permission to SIUE to send me important updates via text messaging. (Standard message rates apply.)

4. Mailing Address (if different from permanent) \_\_\_\_\_  
(Street number/street name/apartment no. if applicable) City State ZIP

Phone (include area code) \_\_\_\_\_

5. Gender \_\_\_ Female \_\_\_ Male 6. Date of Birth (MM/DD/YY) \_\_\_\_\_ 7. Social Security Number \_\_\_\_\_  
(See Disclosure Statement)

**REQUIRED: This question (8) must be answered in order to process this application.**

8. Are you a U.S. Citizen? \_\_\_ Yes \_\_\_ No Permanent Residents must provide a copy of the Alien Registration Card (Green Card) for review. If not, state your Alien Registration Number \_\_\_\_\_

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 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 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. Postsecondary 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 (Chronological) MUST include City and State	Dates				External degree(s) earned or planned and dates	Completed Hours	Enrolled Hours	OFFICE USE
	From MO. YR.	To MO. YR.						

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 ever served or are you currently serving in the United States armed forces? \_\_\_Yes \_\_\_No  
Information on how to receive academic credit for military experience is available at [siue.edu/military-credit](http://siue.edu/military-credit).

16. Are you interested in ROTC?  Air Force  Army

17. Please answer the following questions to determine your residency. SIUE offers one tuition rate to undergraduate students from all 50 states.

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

More resources for undocumented students can be found at [siue.edu/undocumented](http://siue.edu/undocumented)

**REQUIRED: This question (17) must be answered in order to process this application.**

18. Have you been convicted of a felony, pleaded guilty to a felony, or are you currently under an indictment/information for felony charges?

Please circle one: Yes No

SIUE is committed to maintaining a safe environment. Applicants who are under indictment or have been convicted of a felony must disclose this information as a mandatory step for admission. A previous conviction or current indictment does not automatically bar admission, but requires review. Information to be submitted includes a brief explanation, location (city, state, country) of the conviction or current indictment, dates, and court disposition. This statement also must grant permission to SIUE for complete access to criminal records, if any. For more information about this requirement, call 618-650-3705.

19. 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. I understand that SIUE reserves the right to rescind an offer of admission if a student engages in behavior that reflects negatively on his or her character and/or ability to successfully participate in the SIUE community.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

20. 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 \_\_\_\_\_

**REQUIRED: Student signature must be provided in order to process this application.**

**NOTICE ([siue.edu/disclosure](http://siue.edu/disclosure))**

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 including gender identity, 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 should be directed to the Office of Equal Opportunity, Access and Title IX Coordination at [siue.edu/eoa](http://siue.edu/eoa), 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. Social Security numbers will be handled in accordance with the SIU Board of Trustees Identity-Protection policy, which may be found at <http://siusystem.edu/board-of-trustees/legislation/board-legislation-policies.shtml#7H>.

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 at [siue.edu/police](http://siue.edu/police) or 618-650-3324.

The SIUE ANNUAL SECURITY REPORT is available online at [siue.edu/securityreport](http://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." 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.

<b>FOR OFFICE USE ONLY:</b>			
<input type="checkbox"/> Dual Admission:	_____		
<input type="checkbox"/> Pathway Program:	_____		
Transcript received:	___ Yes ___ No	Student Eligible for Admission:	___ Yes ___ No
CoPP sign off	_____	TPA sign off	_____
	Initial      Date		Initial      Date