APPLICATION FOR UNDERGRADUATE REINSTATEMENT

This application form is for students who previously attended IIT and wish to resume their studies at IIT as an undergraduate student. Students returning from a medical leave will need to submit documentation from their health care provider with their application.

If you are disabled and need special accommodations, call 312-567-5744 or e-mail at disabilities@iit.edu.

This application must be received by **June 15** for Fall return, **November 15** for Spring return, or **April 15** for Summer return.

Effective Fall 2017, a late fee will be assessed for reinstatement applications submitted after the published deadline date.

<table>
<thead>
<tr>
<th>Application for: Year: _____</th>
<th>Fall</th>
<th>Spring</th>
<th>Summer</th>
<th>Full-time</th>
<th>Part-time</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Date of Birth</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student ID Number</th>
<th>E-mail Address</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
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Please indicate which of the following best describes your educational goal at IIT:

- [ ] I am taking undergraduate courses leading to a degree at IIT.
- [ ] I have a four year degree and am taking courses prior to being admitted to a graduate program.
- [ ] I am taking undergraduate courses but do not intend to obtain a degree at IIT.
- [ ] I am taking undergraduate courses to transfer to another institution.

Please list any institutions you have attended since last attending IIT:

<table>
<thead>
<tr>
<th>College Name and Location</th>
<th>Dates Attended and Degree Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. __________________________</td>
<td>________________________________</td>
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<tr>
<td>2. __________________________</td>
<td>________________________________</td>
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<td>3. __________________________</td>
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<tr>
<td>4. __________________________</td>
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</table>

Are you a co-terminal student?  Yes [ ]  No [ ]

If yes, are you requesting consideration for reinstatement into a co-terminal program?  Yes [ ]  No [ ]

If yes, allow at least one month for evaluating your application.
### Bachelor’s Degree or Courses in:

- [ ] Aerospace Engineering
- [ ] Applied Analytics
- [ ] Applied Mathematics
- [ ] Applied Physics
- [ ] Architectural Engineering
- [ ] Architecture
- [ ] Astrophysics
- [ ] Behavioral Health and Wellness
- [ ] Biochemistry
- [ ] Bioinformatics
- [ ] Biology
- [ ] Biomedical Engineering: Cell and Tissue Engineering
- [ ] Biomedical Engineering: Medical Imaging
- [ ] Biomedical Engineering: Neural Engineering
- [ ] Business Administration
- [ ] Chemical Engineering
- [ ] Chemistry
- [ ] Civil Engineering
- [ ] Communication: General Communication
- [ ] Communication: Journalism of Science
- [ ] Communication: Journalism of Science and Business
- [ ] Computer Engineering
- [ ] Computer Information Systems
- [ ] Computer Science
- [ ] Consumer Research, Analytics, and Communication
- [ ] Digital Humanities
- [ ] Electrical Engineering
- [ ] Engineering Management
- [ ] Global Studies
- [ ] Humanities
- [ ] Industrial Technology & Management
- [ ] Information Technology & Management
- [ ] Materials Science and Engineering
- [ ] Mechanical Engineering
- [ ] Molecular Biochemistry and Biophysics
- [ ] Physics
- [ ] Physics Education
- [ ] Political Science
- [ ] Psychology
- [ ] Social and Economic Development Policy
- [ ] Sociology

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**DISCLAIMER**

I certify that to the best of my knowledge all statements submitted by me are correct and complete. If found to be otherwise, this is sufficient cause for rejection or dismissal. I understand that this application and all other records submitted for my admission file are confidential and will be handled in accordance with the Family Rights and Privacy Act of 1974 (Buckley Amendment). If this application is approved, I agree to comply with all rules and regulations of the University as published in the bulletin and student handbook.

Student Signature

Date
FOR OFFICE ONLY:

☐ Denied
☐ Requires Department and/or Dean's approval
☐ Probation
☐ Approved

Program: ________________________________

Department: __________________________
Advisor: ______________________________
Comments:

______________________________  __________
Signature                          Date