Non-Degree Research Student Application

ILLINOIS INSTITUTE OF TECHNOLOGY

Please read all of the application instructions before completing this form.
Please type or print clearly.

Office use only
Campus wide ID _____

Identification Information   ❏ Mr.   ❏ Ms.

_____   First _____   Middle _____
Last Name/Surname/Family Name

Reply Address (all correspondence from IIT will be sent to this address)

_____   City _____   State/Country _____   Zip Code _____
Address (Number and Street)

Home Telephone Number _____   E-mail Address _____

Academic Interest
Select a department from the list on the opposite page or for a complete list of departments, visit www.grad.iit.edu.

Academic Department _____   Research Area(s) _____

Term of Entry   Fall 20_____   Spring 20_____   Summer 20_____

Duration of Research   _____ 6 months   _____ 1 year   *2-3 months* ✓ — *Other*

Proposed start date   _____ month   _____ day (approximate)   _____ year

Academic Information
List entire academic background BEYOND secondary level including IIT. (*Please DO NOT include high school information*)
IIT requires official transcripts from each school.

delete

Name of Institution and Location Dates Attended (months/years)   Degree Received/Expected   Cumulative GPA (out of 4.0)

1. _____

2. _____

Year Degree Expected _____   Type of Degree   __MS   __Ph.D   __Post Doctoral

Biographic/Demographic Information:
Please note: Information on sex, age, ethnic origin, and citizenship status is collected for compliance reports in connection with federal regulation pursuant to the Civil Rights Act of 1964, Executive Order 46 as amended by Executive Order 375 and title IX of the Education Amendments of 97 and Part. 86, 45 C.F.R., and will not be used to discriminate in admission to or participation in any of the educational programs or activities offered in the colleges of Illinois Institute of Technology.

❏ Male   ❏ Female   Birthdate _____ / _____ / _____   City & Country of birth _____
                                          mm   dd   yyyy

Country of Citizenship _____

If a United States Permanent Resident, please indicate Alien Registration Number _____

Do you require campus housing?   ❏ yes   ❏ no   *Do you require IIT insurance   Yes — No — Unsure*

Spouse/Dependent Information
If your spouse and/or dependents will accompany you, please provide the following information for each:

Name (Last/First)	Relationship	City and Country of birth	Country of Citizenship	Date of Birth (mm/dd/yyyy)

I hereby affirm that the information supplied by me on this application is true and correct to the best of my knowledge. If this application for admission is approved, I agree to comply with all rules and regulations of Illinois Institute of Technology.

Signature _____   Date _____

Return this form in a sealed envelope to: **IIT France**
                                              c/o Dr. Vanita Misquita
                                              24 Place du General Catroux
                                              75017 PARIS FRANCE