

SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

Request for Undergraduate Admission Term Update

Personal Information

First Name: University ID (800#):
Middle Initial: Date of Birth (mm/dd/yyyy):
Last Name:

Mailing Address

Line 1: City:
Line 2: State:
Line 3: Zipcode:

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

Yes No

**If yes, you must follow up with the Office of Admissions to discuss next steps.*

Please respond to the following:

Term I initially applied for: Spring Summer Fall Year:

Term I want to move my application to: Spring Summer Fall Year:

- *Please note you are responsible for making necessary adjustments to all enrolled terms, including dropping of courses you no longer plan to take.*

Student Signature

Once complete, please submit this form to Undergraduate Admission Processing located in Rendleman Hall, Room 1207 or email to etranscripts@siue.edu.

To be Completed by Authorized Admissions Staff Member Only

Reviewed and processed by:

Banner updated on: