ILLINOIS INSTITUTE OF TECHNOLOGY

ROTC Crosstown Admission Form

Office of the Registrar
3300 South Federal St.
Main Building, Suite 104
Chicago, IL 60616-3732
Phone: 312-567-3100
Fax: 312-567-3313
Email: registrar@iit.edu

Complete this form if you are seeking academic credit from IIT for requested registration.

All course fees and tuition charges apply and are the responsibility of the student, unless otherwise specified per the terms of a crosstown agreement between the student's primary institution and Illinois Institute of Technology. Contact the Bursar for details at bursar@iit.edu.

Please print clearly

Last Name:

First Name:

Middle Initial:

Date of Birth: ____ / ____ / _____
(mm / dd / yyyy)

Social Security Number
(Required only if applying for financial aid or educational tax credits)

Gender:
- ❑ Male
- ❑ Female

School Email Address:
(assigned by your home institution)

Personal Email Address:
(preferred, if different from above)

Permanent Address:
Number, Street, Apartment: _____

City: _____ State: _____ Zip: _____

Phone Number:
(daytime, text capable preferred)

Are you currently eligible to use Veterans Benefits?
- ❑ Yes
- ❑ No

Emergency Contact Name: _____

Emergency Phone:
(permanent, day/evening)

Emergency Contact Relationship:
- ❑ Parent/Guardian
- ❑ Spouse
- ❑ Sibling
- ❑ Friend
- ❑ Other _____

Military Branch:
(choose one)
- ❑ Air Force Aerospace Studies - AFAS
- ❑ Military Science (Army) – MILS
- ❑ Naval Science (Navy) – NSCI

Primary Institution: _____
(your home college/university where you are currently enrolled)

Previous Institutions: _____
(previous colleges/universities where you are no longer enrolled)

Student's Signature: _____

Registrar's Office Use Only

Date Processed: ___ /___ /_____

Processed by: _____

Contact registrar@iit.edu with questions or for assistance with registration.