

Guaranteed Admission Program Participation Form

Application Deadline:

Fall - April 1
 Spring - September 1
 Summer - March 1

Return Application and Documents to:

Northeastern Illinois University
 Transfer Center
 5500 N. St. Louis Ave.
 Chicago, IL, 60625

Contact Information:

Transfer Center
 Phone: (773) 442-4076
 E-mail: tsteps@neiu.edu
 Website: www.neiu.edu/Transfer

The goal of the Guaranteed Admission Program is to create a seamless and successful transition for transfer students intending to complete their bachelor's degree at Northeastern Illinois University. The Guaranteed Admission Program allows students the opportunity to be simultaneously admitted to both Northeastern Illinois University and College of Lake County.

General Guidelines

Students indicate their intention to participate in the program by filling out this form and submitting it to Northeastern. This form should be submitted prior to completing 45 credit hours at College of Lake County. Guaranteed admission students are subject to the same admission, degree requirements, and academic policies governing all other Northeastern students.

Instructions

- Step 1:** Meet with your advisor at College of Lake County and have them sign below to verify eligibility to apply to the Guaranteed Admission Program.
- Step 2:** Submit this form to the Transfer Center at Northeastern Illinois University at tsteps@neiu.edu
- Step 3:** **Upon receipt of this form, Northeastern will waive the admissions application fee.**
 When ready to register for classes, submit an application for admission to Northeastern.

Student Information PLEASE PRINT

Name	
Date of Birth (Month/Date/Year)	Intended Major(s)
Mailing Address	City, State, Zip Code
Email Address	Phone Number

I plan to take my first course at Northeastern: **TERM:** Fall___ Spring___ Summer___ **YEAR:** _____
 (PLEASE INDICATE BOTH A TERM AND A YEAR)

My signature signifies that I wish to participate in the Guaranteed Admission Program. I agree to the guidelines established by Northeastern Illinois University and College of Lake County. I authorize Northeastern Illinois University to disclose my education records to College of Lake County during the time that I am in the Guaranteed Admission Program.

Student Signature: _____ **Date:** _____

College of Lake County Advisor Verification	Does this student meet eligibility requirements for the Guaranteed Admission Program? Y_____ N_____
Name (Please Print) _____	Signature _____