

To be completed by the Parkland Admissions and Records

I certify that _____ (Parkland ID _____) is registered for the

Fall Spring _____ (Year) and is eligible to take ROTC classes at the University of Illinois and affirm the tuition rate on page one of this form.

Registrar (or designee) Signature

Date

To be completed by ROTC officer

I certify that _____ (Parkland ID _____) is eligible to enroll in military science courses at the University of Illinois as part of their participation in the ROTC program.

ROTC Officer (or designee) Signature

Date

- Fax this completed form to the Records Service Center, Office of the Registrar, 901 W. Illinois, University of Illinois, 217-333-3100
- Students who qualify for financial aid: Complete the [Financial Aid Consortium Agreement form](http://www.parkland.edu/Media/Website%20Resources/PDF/financialAidForms/FA%20Consortium%20Parkland%20Home.pdf) <http://www.parkland.edu/Media/Website%20Resources/PDF/financialAidForms/FA%20Consortium%20Parkland%20Home.pdf>