SCHAUMBURG STUDENT CTA U-PASS REQUEST FORM

Roosevelt University has contracted with the Chicago Transit Authority (CTA) to provide affordable public transportation to all degree seeking, full-time students at the Chicago Campus through the CTA U-Pass program. A student who is designated a full-time Schaumburg Campus student and who signs and submits this request form will be eligible to receive a CTA U-Pass and will be charged a $138.00 non-refundable fee.

- U-Pass offers unlimited rides on any CTA bus or train during the Fall and Spring semesters beginning five days before classes start and extending until five days after finals end. It is not offered during the Summer.
- U-Pass is also valid for CTA Para Transit Special Services (for those who qualify though the RTA) until the printed expiration date.
- U-Pass does not require a transfer or surcharge.
- The U-Passes of students whose enrollment status changes to part-time will be activated without refund.
- The U-Pass has the student’s photo and name on the card and is non-transferable.

Full time status for CTA U-Pass program is defined as:
- 12 or more credit hours per term for undergraduates
- 9 or more credit hours per term for graduate students
- 6 or more credit hours per term for doctoral students

Incomplete courses, GUIDE courses from previous terms, classes at other universities and courses not officially listed on the current term registration cannot be used to determine full-time status. Part-time students are not eligible for the program under the terms of the contract, and they may not purchase or receive a U-Pass.

For information about the distribution or use of the CTA U-Pass, or if you have questions regarding your enrollment status, please contact the Office of the Registrar at (312) 341-2443. More information on CTA U-Pass can be found on the web at http://www.roosevelt.edu/Registrar/UPass.aspx.

Submit completed forms to the Office of Student Accounts, Schaumburg Campus.

___ Yes, I am requesting a CTA U-Pass and agree to pay the $138 non-refundable fee for the UPass for the following semester (choose one semester ONLY):

Fall 20___ Spring 20___

Printed Name: ________________________________

Signature: ________________________________

ID #: ________________________________

For Office Use Only: Rec’d by Office of Student Accounts on ______________________ Initials ___________

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