



## Graduate Student Request Form

Please see [instructions](#) for specific types of requests, or contact Graduate Student Academic Services at [gradacserv@illinois.edu](mailto:gradacserv@illinois.edu) or by phone at 217-333-2364 with any questions. Completed forms may be submitted directly to your current major department for review.

Date:

### STUDENT INFORMATION

UIN:

Last Name:

First Name:

Email:

Phone:

City:

State:

Street Address:

ZIP:

Department:

Degree in Progress:

Expected Graduation Term:

On Degree List

### REQUEST TYPE (Check all that may apply):

Add/Drop Minor or Concentration

Policy Exception

Other

Curriculum Change

Re-Entry

Deadline Exception

Transfer Credit

Please provide a detailed explanation of your request:

Student Signature

Date

*You may provide your signature digitally with Adobe Acrobat Pro, otherwise please print and sign the form.*

## For Departmental use only

Please provide comments regarding the student's request. [Department instructions available here.](#)

*You may provide your signature digitally with Adobe Acrobat Pro, otherwise please print and sign the form.*

**Student's Adviser** Comments and Recommendations

Dept

Name (print or type)

Signature/Date

**Departmental Authorized Signature** Comments and Recommendations

Dept

Name (print or type)

Signature/Date

**Course Instructor** Comments and Recommendations

Dept

Name (print or type)

Signature/Date

**Second Department Authorized Signatory** Comments and Recommendations

Dept

Name (print or type)

Signature/Date

**Other** Comments and Recommendations

Dept

Name (print or type)

Signature/Date