



Graduate Student Request Form

Please see [instructions](#) for specific types of requests, or contact Graduate Student Academic Services at 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