



Please complete, print (see "Print Form" button above), acquire the appropriate signatures, and return this form to the Office of Records and Registration, University Hall, One University Plaza, MS UHB 1076, Springfield, IL 62703-5407. Forms are processed on a weekly basis. Please be sure to carefully complete all information prior to printing the document.

Last Name  First Name  UIN

UIS Email\*  @uis.edu **\*You MUST enter your official UIS Email address** Daytime Phone

Type of Request

Adviser  Curriculum Type:  Curriculum

I base this request on the following rationale: (Please feel free to attach additional documentation)

\_\_\_\_\_  
Student Signature Date Current Semester

**Approvals (Printed Name / Signature)**

**Check all that apply**

_____ Instructor	/	_____ Date	Approve <input type="checkbox"/>	Deny <input type="checkbox"/>	See Attached Notes <input type="checkbox"/>
_____ Adviser	/	_____ Date	Approve <input type="checkbox"/>	Deny <input type="checkbox"/>	See Attached Notes <input type="checkbox"/>
_____ Department Chair	/	_____ Date	Approve <input type="checkbox"/>	Deny <input type="checkbox"/>	See Attached Notes <input type="checkbox"/>
_____ Dean/Associate Dean	/	_____ Date	Approve <input type="checkbox"/>	Deny <input type="checkbox"/>	See Attached Notes <input type="checkbox"/>
_____ Vice Chancellor for Academic Affairs/ Associate Vice Chancellor for Academic Affairs	/	_____ Date	Approve <input type="checkbox"/>	Deny <input type="checkbox"/>	See Attached Notes <input type="checkbox"/>

Original:  
Permanent File

For Office Use Only

Processed By: \_\_\_\_\_

Date: \_\_\_\_\_

Notifications (sent via official UIS Email by the Office of Records and Registration):  
Permanent File Student Instructor Adviser Program Dean VCAA