



Request to Waive TOEFL

Please complete, print (see "Print Form" button above), sign, and return this form to the Office of Admissions, University Hall, One University Plaza, MS UHB 1080, Springfield, IL 62703-5407. Please be sure to carefully complete all information prior to printing the document.

Last Name _____ First Name _____ UIN _____

E-mail _____ Daytime Phone _____

Type of Request _____

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

Signature of Student/Participant Date Current Semester

Approved (Printed Name/Signature)

Admissions

Denied (Printed Name/Signature)

Admissions Date