

Request to Waive English Proficiency Requirement

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. A scanned form may also be emailed to incoming transcripts@uis.edu for consideration. The form must be accompanied by supporting documentation.

Last Name	First Name		UIN
E-mail	Daytime Phone		_
Type of Request			
I base this request on the following rational	e: (Please feel free to attach	additional documentati	on)
Signature of Student/Participant	Date	Current Semester	
Approved (Printed Name/Signature)	Denied (Printed	Name/Signature)	
Admissions	Admi	ssions	Date