

UNIVERSITY OF ILLINOIS AT SPRINGFIELD Office of Records and Registration

Please complete, print (see "Print Form" button above), sign, and return this form to the Office of Records and Registration, University Hall, One University Plaza, MS UHB 1076, Springfield, IL 62703-5407. Please be sure to carefully complete all information prior to printing the document.

You are currently enrolled in a research, tutorial, or independent study course that allows for an individualized title. Since you may feel it is beneficial for an individualized course title to appear on your transcript, you may choose to complete this form and submit it to your instructor for approval. Approved forms received in the Office of Records and Registration by the last full week of the semester will have the title entered on the course at the end of the semester after grades have been posted. The individualized course title will then appear on your official transcript. The completed form will then be placed in your permanent file in the Office of Records and Registration.

Last Name		First Name	UIN
Semester	Year	Cour	se Reference Number (CRN)
Course Prefix		Course Number	Credit Hours
	Title*		

*Limit 30 characters, including spaces and punctuation. "Thes:" or "Proj:" must be included in the title of a thesis or master's project and be counted as part of the 30 characters.

Description				
Student Signature			Date	
Instructor's Signature			Date	
Copies Original: Permanent File Program office(s) Notification (sent via official E Student	mail by the Office of Records a	nd Registration):		For Office Use Only Processed By: Date:
Telephone (217) 206-6174	Toll-free (888) 977-4847	Fax (217)	206-6620	Email registrar@uis.edu