

UNIVERSITY OF ILLINOIS
AT SPRINGFIELD
Request for
Concurrent Registration Tuition Waiver

Please submit completed form to the GA Office, PAC 518

Name: _____ Date: _____

UIN: _____

Academic Degree Program: _____ Academic Advisor: _____

Assistantship Unit: _____ Assistantship Supervisor: _____

Semester/Year of Current Registration: _____

Credit hours at UIS during concurrent registration semester: _____

UI Campus (secondary campus) for concurrent registration (circle one): Chicago Urbana-Champaign

Proposed Courses to be taken at the secondary campus:

Course Name	Credit Hours	Online/On-Campus
_____	_____	_____
_____	_____	_____
_____	_____	_____

My signature below certifies that ALL of the following are true:

- *I have read and understand the UIS Graduate Assistantship Office's policies regarding course load and tuition and service waivers.
- *I verify that my total course load for the semester of concurrent registration will not exceed the 12 credit hours allowable under the UIS Assistantship guidelines.
- *I have discussed the need to take a course at the secondary campus with my academic advisor.
- *I have completed a UIS Application for Concurrent Registration and submitted it to the Office of Records & Registration.
- *I have read and understand the UIS financial assistance policies on concurrent registration.
- *I have completed a UIS Concurrent Registration Agreement and submitted it to the Office of Financial Assistance, as needed.
- *I understand that I am financially responsible for tuition and fee costs that exceed the UIS tuition and service fee waiver amount.
- *I agree to submit a copy of my academic transcript to UIS within 30 days after the end of the concurrent registration semester.

Signature of Graduate Assistant

Date

Academic Advisor's Approval

I verify that the courses listed above are eligible for use toward this student's graduate degree requirements at UIS, provided that the student obtains an acceptable grade, and that taking the listed course(s) will not extend the time needed for degree completion at UIS.

Signature of Academic Advisor

Date

Approved by:

Signature of Department Chairperson

Date

Graduate Assistantship Office Approval

Signature of Graduate Assistantship Office

Date