

**UNIVERSITY OF ILLINOIS**  
**COLLEGE OF AGRICULTURAL, CONSUMER AND ENVIRONMENTAL SCIENCES**  
**104 Mumford Hall, 1301 West Gregory Drive**  
**Urbana, IL 61801**  
**(217) 333-3380**

**REQUEST FOR INTERRUPTION OF RESIDENCY**

All students who are candidates for a Bachelor of Science degree in the College of Agricultural, Consumer and Environmental Sciences must complete the UIUC residency requirements as described in the *Student Code*. Furthermore, all students who are candidates for a degree in ACES must complete at least 15 semester hours of major and option courses offered by the College of ACES in residence on the Urbana-Champaign campus and be enrolled in the College of ACES for at least two semesters.

In addition to the above residency requirement, a transfer student to this campus from a four-year college must also complete his or her senior year (not less than 30 semester hours) in residence at the University of Illinois. A transfer student from a community college must complete at least 60 hours at a senior college (4-year, degree granting institution) and the last 30 hours at the University of Illinois. All transfer students must complete their last 30 semester hours, uninterrupted, in residence at the University of Illinois.

**Please Note:** Effective for students entering FA06: 60 hours completed at the University of Illinois of which 21 hours must be at the 300 or 400 level.

Name \_\_\_\_\_ UIN \_\_\_\_\_  
(Last) (First) (M.I.)

Address \_\_\_\_\_  
(Street) (City, State, Zip)

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_  
(Day)

Semester/Year of Graduation  Fall  Spring  Summer  200\_\_\_\_\_

I have the following course(s) requirement(s) to complete:

I plan to complete the above by (list all institutions you will be attending and when):

Reason for request:

It is your responsibility to submit official transcripts from other institutions to ACES Academic Programs/Attn: Records Officer/104 Mumford Hall/1301 West Gregory Drive/Urbana, IL 61801 verifying your attendance and the course work completed.

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**TO BE COMPLETED BY ACES ACADEMIC PROGRAMS**

DEAN'S ACTION:  **Approved**  **Remove from Current Degree List**  **Denied**

\_\_\_\_\_  
Dean's Signature

\_\_\_\_\_  
Date

TO MH \_\_\_\_\_

Student Notified \_\_\_\_\_ Date

Audit Updated \_\_\_\_\_ Date