

**UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN
COLLEGE OF AGRICULTURAL, CONSUMER AND ENVIRONMENTAL SCIENCES
104 Mumford Hall/MC-710
1301 West Gregory Drive
Urbana, IL 61801
(217) 333-3380**

PETITION FOR SPECIAL REQUEST

This petition form is to be used for requests that do not fall under these categories: substitution of a required course; dropping a course after the campus deadline; and any type of re-entry request.

PROCEDURAL GUIDELINES

The petition needs to be completed in full and given to your academic advisor prior to its submission for review to the College of Agricultural, Consumer and Environmental Sciences Academic Programs office. It is **YOUR** responsibility to obtain and submit with the petition any documentation that supports this request.

**STUDENT'S WRITTEN REMARKS
TO PETITION FOR SPECIAL REQUEST**
(PLEASE TYPE OR PRINT LEGIBLY)

STUDENT'S NAME UIN

SEMESTER/YEAR HOURS ENROLLED

COURSE, IF APPLICABLE

TYPE or PRINT below the reason(s) why this request is being made and why you believe it should be granted. The committee's decision will be mailed to you in seven to ten business days.

I have read this petition, complied with all of the instructions, and attached all necessary documentation.

SIGNATURE MAJOR/CONCENTRATION

STREET ADDRESS CITY STATE ZIP CODE

PHONE NUMBER E-MAIL

**EVALUATION OF THE SPECIAL REQUEST
TO BE COMPLETED BY ACADEMIC ADVISOR**

(PLEASE TYPE OR PRINT LEGIBLY)

Please provide any information regarding this student's situation of which you are aware.

DO YOU:

_____ SUPPORT THIS REQUEST

_____ NOT SUPPORT THIS REQUEST

_____ HAVE NO OPINION REGARDING THIS REQUEST

EXPLAIN WHY:

ACADEMIC ADVISOR'S NAME (Please print)	PHONE NUMBER	DATE
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ACADEMIC ADVISOR'S SIGNATURE	E-MAIL ADDRESS
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TO BE COMPLETED BY ACADEMIC PROGRAMS

FINAL ACTION:

_____ APPROVED, INSTRUCTIONS TO 104 STAFF:

_____ DENIED

DEAN'S SIGNATURE	DATE
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