



The Graduate College | University of Illinois at Urbana-Champaign

CURRICULUM CHANGE/TRANSFER OF CREDIT

Please review the instructions for [Curriculum Change/Transfer of Credit](#) requests prior to submitting this form. It is expected that students will consult with their graduate department office prior to completing any of these requests. Incomplete or unclear requests may result in a denial of the request.

UNIN	E-MAIL ADDRESS	DATE OF BIRTH	TODAY'S DATE
LAST NAME, FIRST NAME, MIDDLE INITIAL		STUDENT'S CURRENT DEPARTMENT	
STREET ADDRESS		DEGREE IN PROGRESS (MS, MA, PhD, etc.) TERM OF ADMISSION	
CITY	STATE	ZIP CODE	DAYTIME PHONE EXPECTED GRADUATION TERM

INTERNATIONAL STUDENTS: What visa status do you currently hold (F-1, J-1, H1B, etc.)? _____

This form may be used to request the following

- Changing major degree program**
- Adding/Dropping Minor or Concentration**
- Transfer Credit from one UIUC graduate program to another**
- Transfer Credit from another accredited institution**
- Transfer Credit taken while a non-degree student at UIUC**

Please provide a detailed explanation of your request:

Student Signature	Date
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Please return completed Curriculum Change/Transfer of Credit form to your current academic department office. The form will be routed for signatures from the appropriate individuals. Once all required signatures are obtained, your request will be forwarded to the Graduate College for review and final decision. The email address you provided above will be the email address that will be used to contact you about this request.

Graduate College Review:

Date Entered: _____ Pre-Check initials: _____ Date Notified/initials: _____

UIN: _____ Student's Name: _____

INSTRUCTIONS FOR COMMENTS AND RECOMMENDATIONS

Comments and Recommendations should be indicated below.

Student's Current Department

Student's Adviser Comments and Recommendations		
Dept	Name (print or type)	Signature/Date

Departmental Authorized Signatory Comments and Recommendations		
Dept	Name (print or type)	Signature/Date

Second Department (If Applicable)

Student's Adviser Comments and Recommendations		
Dept	Name (print or type)	Signature/Date

Second Department Authorized Signatory Comments and Recommendations		
Dept	Name (print or type)	Signature/Date

Other Comments and Recommendations		
Dept	Name (print or type)	Signature/Date

Completed requests should be submitted to:
Graduate Student Academic Services, 204 Coble Hall, 801 South Wright Street, MC-322, Champaign, IL 61820.