Graduate College Early Admission Form

Student Information

UIN: _____________________________

Name: _________________________________________      _________________________________________      _____  

Last/Family             First                      MI

Intended Term of Entry to the Graduate College:

☐ Fall      20____  ☐ Spring      20____  ☐ Summer      20____

Please Note: Early admission is only available to current University of Illinois at Urbana-Champaign undergraduate students. Applicants requesting an early admission must be within 5 hours or two courses of completing a bachelor’s degree at their initial term of entry to the Graduate College. Applicants must receive the bachelor’s degree by the end of their initial term of entry to be eligible for future term registration.

Applicant’s Signature: ________________________________________________  Date: _____________________

Undergraduate College Approval

The above named student will be within five hours or two courses of completing a bachelor’s degree at the beginning of his/her term of entry to the Graduate College.

Student’s Expected Graduation Date:  Courses remaining to complete bachelor’s degree (Please include CRN, Subject, Number, and Credit Hours):

☐ May       20____  Course 1: ______________________________

☐ August    20____  Course 2: ______________________________

☐ December  20____  

These courses will be completed at: ☐ UIUC*  or  ☐ Other institution: ____________________________

College Representative Signature: ______________________________  Date: ______________

Please print name: ____________________________________________  UIUC Ugrad College: ____________

*Course Levels for the courses listed above will be listed as level 1U on the student's record at the time of admission.

Graduate Program Approval

We approve the above named applicant to begin his/her graduate program one term prior to completion of the Illinois bachelor’s degree.

Program: ________________________________  Curriculum Code: 10KS_____________

Approval Signature: ________________________________  Date: ______________

Please print name: ____________________________________________

Submit completed forms to the Graduate College at grad@illinois.edu.

Graduate College Approval

Approval Signature: ________________________________  Date: ______________