



Study Abroad/Study Away Registration Request

FOR GRADUATE STUDENTS ONLY

Student Information:

UIN:	NAME:
DEPT:	

Brief Description of Request:

<u>TERM</u>	<u>CRN</u>	<u>COURSE</u>	<u>HOURS</u>

Required Departmental Approvals

Adviser's Printed Name: _____

Adviser's Signature: _____ Date: _____

Department/Center Facilitating Study Abroad/Study Away program

Printed Name: _____

Signature: _____ Date: _____

Submit completed form online at go.grad.illinois.edu/Form-Drop-Off

Graduate College Review

Study Abroad (GC 499)

GC 498

Study Abroad Attribute Added

Registration Completed by: _____ Date: _____