Graduate College
UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

GC 599 ENROLLMENT FORM

FOR ADVANCED DOCTORAL STUDENTS ONLY

GC 599 is a 0 credit hour registration option for advanced doctoral students who must maintain full-time enrollment to defer student loans but do not have tuition waivers. Please see the Graduate Student Handbook for more details.

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

TERM: ☐ FALL ☐ SPRING ☐ SUMMER **YEAR:** _____ **UIN:** _____

NAME: _____
(PLEASE PRINT) *Last* *First* *MI*

E-mail: _____

DEPT: _____ **DATE PRELIM PASSED:**_____

Note: Students may only request registration for the current term.

To be eligible to register for GC 599, a student must:

1) ☐ Have a guaranteed student loan that would require immediate repayment if the student were not registered for the minimum credit required by the lender to defer the loan;
2) ☐ Have passed the preliminary examination prior to the term in which he or she wishes to register for GC 599;
3) ☐ NOT have any financial assistance (such as an assistantship, fellowship, etc.) that would cover his or her tuition and fees for the semester in which he or she wishes to register for GC 599; NOTE: Student is not eligible for additional educational loans while enrolled in GC 599; and
4) ☐ Have completed all Graduate College and departmental requirements for the degree except for defending and depositing the dissertation;
   ☐ OR, is required to complete a mandatory internship as part of the degree requirements.

I certify that I meet the above criteria and am eligible to register for GC 599. I authorize the Graduate College to register me for GC 599 for the term indicated above.

Student's Signature: _____ Date: _____

REQUIRED DEPARTMENT AUTHORIZATION:

The student has completed all departmental requirements except dissertation defense and deposit, or is completing a mandatory internship, and is making satisfactory academic progress toward their degree completion. The student is eligible for GC 599 and the department approves of the enrollment.

Adviser's Printed Name: _____

Adviser's Signature: _____ Date: _____

Authorized Departmental Signatory's Printed Name: _____

Authorized Departmental Signature: _____ Date: _____

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