



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: _____

Please submit form to the Graduate College 204 Coble Hall MC 322 or by email at gradacserv@illinois.edu

GSAS Review

Study Abroad (GC 499)

GC 498

Study Abroad Attribute Added

Registration Completed by: _____ Date: _____