## PETITION FOR EXTENSION OF UNDERGRADUATE GUARANTEED TUITION

## University of Illinois

| NAME: LAST:                                      | FIRST:                      | MIDDLE:                   | UIN: _     | Date:                                 |
|--|-----------------------------|---------------------------|------------|---------------------------------------|
| CAMPUS: UIUC UIC UIS                             | EMAIL ADDRESS:              |                           |            |                                       |
| MAILING ADDRESS:                                 |                             |                           |            |                                       |
|  |                             |                           |            |                                       |
| TERM FIRST ENROLLED: TERM FOR EXTENSION REQUEST: |                             |                           |            |                                       |
| WERE YOU <i>registered</i> for one of the follo  | OWING OFF-CAMPUS PROGRAM    | s?                        |            |                                       |
| ☐ <u>APPROVED</u> CO-OP PROGRAM/COURS            | E:                          |                           |            | PROGRAM TERM:                         |
| ☐ <u>INTERNSHIP</u> COURSE:                      |                             |                           |            | INTERNSHIP TERM:                      |
| PRACTICUM COURSE:                                |                             |                           |            | PRACTICUM TERM:                       |
| <u>IF ENROLLED AT UIUC</u> , ARE YOU IN THE SEC  | ONDARY EDUCATION TEACHIN    | NG OF BIOLOGY PROGRAM?    | ☐ YES      | □ NO                                  |
| WERE YOU CALLED TO ACTIVE DUTY U.S. MI           | litary Service Preventing Y | OU FROM REGISTERING FOR A | a Term(s)? | ☐ YES ☐ NO                            |
| TERM(S) NOT REGISTERED:                          |                             |                           |            | (PLEASE PROVIDE COPIES OF YOUR ORDERS |
| REASON YOU SHOULD BE GRANTED THE EXTE            | NSION (ADDITIONAL PAGES OF  | R DOCUMENTATION MAY BE A  | ATTACHED): |                                       |
|  | `                           |                           | ,          |                                       |
|  |                             |                           |            |                                       |
|  |                             |                           |            |                                       |
| STI  | JDENT SIGNATURE             |                           |            | Date                                  |
|  | DENI SIGNATURE              |                           |            | DAIE                                  |
| FOR OFFICE USE ONLY  APPROVED  DENIED  BY:       | Date:                       | Processed by / Date       |            | New Rate Code:                        |
|  | -                           | TIFIED:                   |            |                                       |
|  |                             |                           |            |                                       |

Please mail or deliver completed form (and documentation) to appropriate campus:

Office of the Registrar
University of Illinois at Urbana-Champaign
901 West Illinois Street, Suite 140 (MC-063)
Urbana, IL 61801

Office of Admissions and Records **University of Illinois at Chicago** 1200 West. Harrison Street, Suite 1100 (MC-108) Chicago, IL 60608

Office of Records and Registration **University of Illinois at Springfield** One University Plaza, UHB 1076 Springfield, IL 62703-5407