

**UNIVERSITY OF ILLINOIS
COLLEGE OF AGRICULTURAL, CONSUMER AND ENVIRONMENTAL SCIENCES
104 Mumford Hall/MC-710
1301 West Gregory Drive
Urbana, IL 61801
(217) 333-3380**

PETITION FOR SPECIAL REQUEST

This petition form is to be used for requests that do not fall under these categories: substitution of a required course; dropping a course after the campus deadline; and any type of re-entry request.

PROCEDURAL GUIDELINES

The petition needs to be completed in full and given to your academic advisor prior to its submission for review to the ACES Academic Programs office. It is **YOUR** responsibility to obtain and submit with the petition any documentation that supports this request.

**STUDENT'S WRITTEN REMARKS
TO PETITION FOR SPECIAL REQUEST**
(PLEASE TYPE OR PRINT LEGIBLY)

STUDENT'S NAME

UIN

SEMESTER/YEAR

HOURS ENROLLED

COURSE, IF APPLICABLE

TYPE or PRINT below the reason(s) why this request is being made and why you believe it should be granted. The committee's decision will be mailed to you in seven to ten business days.

I have read this petition, complied with all of the instructions, and attached all necessary documentation.

SIGNATURE

MAJOR/CONCENTRATION

STREET ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

E-MAIL

**EVALUATION OF THE SPECIAL REQUEST
TO BE COMPLETED BY ACADEMIC ADVISOR**

(PLEASE TYPE OR PRINT LEGIBLY)

Please provide any information regarding this student's situation of which you are aware.

DO YOU:

____ SUPPORT THIS REQUEST

____ NOT SUPPORT THIS REQUEST

____ HAVE NO OPINION REGARDING THIS REQUEST

EXPLAIN WHY:

ACADEMIC ADVISOR'S NAME (Please print)	PHONE NUMBER	DATE
ACADEMIC ADVISOR'S SIGNATURE	E-MAIL ADDRESS	

TO BE COMPLETED BY ACES ACADEMIC PROGRAMS

FINAL ACTION:

____ APPROVED, INSTRUCTIONS TO 104 STAFF:

____ DENIED

DEAN'S SIGNATURE	DATE
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