

Graduate College
Application for Enrollment in GC 599

FOR ADVANCED DOCTORAL STUDENTS

Name: (Printed) _____ UIN: _____

Email: _____ Phone: _____

Department: _____ Date Prelim Passed: _____

TERM(S) for which GC 599 is requested: [] FALL [] SPRING [] SUMMER YEAR(S): _____

Graduate College (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.

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(s) 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:** _____

SUBMIT FORM TO: Graduate College, GSAS, 204 Coble Hall, MC-322, 801 S. Wright Street, Champaign, IL 61820.

GSAS Pre-Checklist:

PhD Candidate: [] Yes [] No

Current Term Waivers: [] Yes [] No

Prelim Passed: [] Yes [] No

Past Financial Aid: [] Yes [] No

Eligible for GC 599: [] Yes [] No

Dean's Signature of Approval: _____

Decision Made: _____

Decision Notification email to student (date/initials): _____

Registered & emailed student for GC 599 (date/initials): _____