

Medical Scholars Program Student Petition Request to Decrease Hours for Degree

Page 1 of 2

UIN	E-MAIL ADDRESS	DATE OF BIRTH	TODAY'S DATE
STUDENT'S LAST NAME, FIRST NAME, MIDDLE INITIAL		GRADUATE PROGRAM	
STUDENT'S HOME ADDRESS		PhD	TERM OF ADMISSION
CITY	STATE	ZIP CODE	DAYTIME PHONE
		EXPECTED MSP GRADUATION TERM	

I request graduate credit for the following successfully completed medical school classes, and an equivalent reduction in the number of credit hours required for my PhD:

NAME OF COURSE	SEMESTER AND YEAR TAKEN	CREDIT HOURS
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NAME OF COURSE	SEMESTER AND YEAR TAKEN	CREDIT HOURS

I understand I must receive the approval of the Director of Graduate Studies of my PhD program, my thesis advisor, and the Associate Dean for Student Affairs in the College of Medicine. I understand that the amount of medical school credit counted toward completion of the PhD requirements is limited to a maximum of 12 credit hours, and that the number of hours granted is at the discretion of each graduate program. The graduate program will also decide which, if any, of the medical classes can be used to fulfill their requirements. I further understand that these medical courses will not be reflected on my UIUC transcript.

STUDENT SIGNATURE AND DATE

Graduate College Decision	Date Received by GSAS:
Entered into Petition database: date/initials _____ pre-check: initials _____	
GSAS signature/date: _____	
Decision made: _____ Date Notified/initials: _____	

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Page 2 of 2

UIN

STUDENT'S NAME

Required Signatures (An explicit written comment regarding this petition **MUST** be included. Additional information is welcomed.)

UIUC GRADUATE PROGRAM - DIRECTOR OF GRADUATE STUDIES Comments and Recommendations

Dept

Name (print)

Signature and Date

THESIS ADVISOR Comments and Recommendations

Dept

Name (print)

Signature and Date

COLLEGE OF MEDICINE - ASSOCIATE DEAN for STUDENT AFFAIRS Comments and Recommendations

Dept

Name (print)

Signature and Date

Additional Signature

Comments and Recommendations

Dept

Name (print)

Signature and Date

This completed petition should be submitted to Graduate Student Academic Services,
204 Coble Hall, 801 South Wright Street (MC-322), Champaign, IL 61820.