

UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN
DEPARTMENT OF URBAN AND REGIONAL PLANNING
CONCENTRATION (UP 596)

Student's Name: _____

Topic: _____

Project Advisor: _____

Authorization to enroll

I certify that _____, for concentration paper (UP 596) I am serving as Principal Advisor, has submitted to me, on or before this date, an acceptable (a) detailed outline, (b) detailed work plan, (c) bibliography, (d) introductory chapter (or its equivalent); or other written evidence of adequate progress.

I therefore recommend this student's enrollment in up 596 for the _____ Semester.

Signed: Project Advisor _____ Date _____

Approved: Academic Advisor _____ Date _____

 MUP Coordinator _____ Date _____

Unless this form is received before the beginning of the semester in which enrollment is desired, the student's enrolment in UP 596 will not be permitted.