



Supplement to Application for Graduate Studies

INTERNATIONAL APPLICANTS ONLY

This form is to be completed by a responsible official (Dean, Department Chairman, etc.) of the applicant's undergraduate school and mailed directly to: University of Illinois at Urbana-Champaign, Graduate Admissions Coordinator, 158 Mechanical Engineering Building, 1206 West Green Street, Urbana, Illinois 61801, USA

APPLICANT'S NAME: _____

DATE: _____

RANK IN DEPARTMENT:

The above-named applicant is/was enrolled in a class containing _____ students in (enter department name) _____ Engineering and has/had a scholastic rank in his class of _____ (rank from top of class).

RANK IN COLLEGE

The above-named applicant is/was enrolled in a class containing _____ students in engineering and has/had a scholastic rank among all engineering students of _____.

(PLEASE LIST THE TOTAL NUMBER OF COLLEGE STUDENTS IN THE CLASS AND THE APPLICANT'S RELATIVE RANK FROM THE TOP OF THE CLASS AMONG HIS CLASSMATES. THANK YOU.)

CERTIFIED BY _____

TITLE _____

INSTITUTION _____

SIGNATURE: _____