NONCREDIT CHANGE OF STATUS FORM Center for Innovation in Teaching & Learning University of Illinois at Urbana-Champaign 505 East Armory Suite 249 Champaign IL 61820 217-333-1462 or 800-252-1360 | Fax 217-265-4114 citl-registration@illlinois.edu | online.illinois.edu



	-registration@iiii	nois.edu oriiirie.iiiiriois	.euu		March 20	
No	ncredit Registrati	on, Payment, and Drop	Policies are available online at: http://online.illin	ois.edu		
No	oncredit student	s MUST fill out this fo	orm completely. Please print all entries legib	ly in ink.		
1	Full Legal Nar	mα				
١.	i uli Legai Nai	Last/Family	y Name First Name	Middle Initial		
2.	Current Mailing Address					
			7: 0			
2	State/Prov		Zip/Postal Code	Country		
	Current Phone Number					
		E-mail Address				
	Status Change Requested Drop course(s)					
			Year			
7.	List noncredit	course(s) affected by	your Change of Status request:			
	CRN*	Course	Title	Location/Online		
	Ex. 99923	ARTH 460 PH	Museum Management	Washington, DC		
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	* CRN (Course F	Reference Number) is th	ne 5-digit number that identifies the course.			
8.	Reason for Noncredit Change of Status request					
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		ignature below, I cert s.edu/getting-started	tify that I have read and understand the non /dropping-a-class	credit polices referenced at		
	Student's Sign	nature				
	otadonico olgi		Signature	Date		

SUBMIT YOUR COMPLETED FORM IN ANY OF THE FOLLOWING WAYS:

FAX: 217-265-4114

MAIL: Center for Innovation in Teaching & Learning, 901 West University Avenue, Suite 201, Urbana, IL 61801-2777

ONLINE: Download a PDF form to complete, sign, scan, and email to: citl-registration@illinois.edu