Change of Status Form

Center for Innovation in Teaching & Learning, University of Illinois at Urbana-Champaign
901 West University Avenue, Urbana, IL 61801-2777
217-333-1462 or 800-252-1360 | Fax 217-265-4114
citl-registration@illinois.edu | online.illinois.edu

ILLINOIS

- **Cancel, Drop, Withdrawal, and Refund policies** are available at http://online.illinois.edu/getting-started/dropping-a-class
- **Math Teach Link and NetMath Refund policies** are available at netmath.illinois.edu/WithdrawalsAndRefunds
- **Refund Processing Information** is available at https://paymybill.uillinois.edu/

Applicant MUST fill out this form completly. Please print all entries legibly in ink.

1. Full Legal Name_____
   Last/Family Name First Name Middle Initial Maiden Name/Previous Last Name
2. University Identification Number (UIN) _____
   * If you have attended or are currently attending the University of Illinois at Urbana-Champaign, please provide your UIN (the purple 9-digit "Univ. ID" number listed on your I-card).
3. Current Mailing Address _____
   Number and Street City/Town
   _____
   State/Province Zip/Postal Code Country
   Current Phone Number _____
4. E-mail Address _____
5. Are you a degree-seeking student? ____ Yes ____ No
6. **Status Change Requested:**
   ____ Change from credit to audit/visitor
   ____ Change from audit/visitor to credit
   ____ Change credit amount from ____ to ____
   ____ Drop course(s)
   ____ Cancel course(s)
   ____ Withdraw course(s)
7. Semester _____ Year_____
8. List course(s) affected by your Change of Status request:

CRN*	Subject	Section	Title	Hours	Location	Instructor

* CRN (Course Reference Number) is the 5-digit number that identifies the course. (Example: 47723 = CI 499 CT.)

9. Reason for Change of Status request:

I agree to abide by all UIUC cancel, drop and withdrawal policies referenced at http://online.illinois.edu/getting-started/dropping-a-class
I also understand by completing this official Change of Status form that I am legally responsible for any remaining tuition and fee balance on my student account as a result of my requested change(s). By providing my signature below, I certify that I have read and understand the policies.

Student's Signature _____
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
E-MAIL: Download a PDF form to complete, sign, scan, and e-mail to citl-registration@illinois.edu