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 | Fax 217-333-8524
citol-registration@illinois.edu | online.illinois.edu

- Cancel, Drop, Withdrawal, and Refund policies are available at http://online.illinois.edu/getting-started/dropping-a-class
- NetMath Refund policies are available at netmath.illinois.edu/admissions/withdrawals-refunds
- Refund Processing Information is available at https://paymybill.illinois.edu/

Applicant MUST fill out this form completely.

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  ____ Cancel course(s)
   ____ Change from audit/visitor to credit  ____ Withdraw course(s)
   ____ Change credit amount from ____ to ____
   ____ Drop course(s)

7. Semester ______________________  Year ___________________________

8. List course(s) affected by your Change of Status request:

<table>
<thead>
<tr>
<th>CRN*</th>
<th>Subject</th>
<th>Section</th>
<th>Title</th>
<th>Hours</th>
<th>Location</th>
<th>Instructor</th>
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* 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:
Electronic: Send to citl-registration@illinois.edu  or  Fax: 217-333-8524