

# 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@illinois.edu | online.illinois.edu



- **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](http://netmath.illinois.edu/WithdrawalsAndRefunds)
- **Refund Processing Information** is available at <https://paymybill.uillinois.edu/>

**Applicant MUST fill out this form completely. 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  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:

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](mailto:citl-registration@illinois.edu)

# WITHDRAWAL / CANCELLATION

 FALL

 SPRING

 SUMMER

 \_\_\_\_\_  
YEAR

 \_\_\_\_\_  
TODAY'S DATE

 \_\_\_\_\_  
PRINT LAST NAME                      FIRST NAME                      MI                      UIN                      COLLEGE

 \_\_\_\_\_  
DEPARTMENT

 PERMANENT HOME ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

 ACTION REQUESTED     Cancellation  
                                   Withdrawal in Person                      Effective date \_\_\_\_\_  
                                   Withdrawal in Absentia

**STUDENT MUST OBTAIN SIGNATURES FROM THESE OFFICES IN THE FOLLOWING ORDER:**

UNDERGRADUATE STUDENTS

- |   |           |              |      |
|---|-----------|--------------|------|
| 1) COLLEGE OFFICE <input type="checkbox"/> NOTIFY ISSS _____                        | SIGNATURE | PRINTED NAME | DATE |
| 2) OFFICE OF INTERNATIONAL STUDENT & SCHOLAR SERVICES (INTERNATIONAL STUDENTS ONLY) | SIGNATURE | PRINTED NAME | DATE |
| 3) OFFICE OF THE DEAN OF STUDENTS   | SIGNATURE | PRINTED NAME | DATE |

GRADUATE STUDENTS

- |   |           |              |      |
|---|-----------|--------------|------|
| 1) DEPARTMENT OFFICE  | SIGNATURE | PRINTED NAME | DATE |
| 2) OFFICE OF INTERNATIONAL STUDENT & SCHOLAR SERVICES (INTERNATIONAL STUDENTS ONLY) | SIGNATURE | PRINTED NAME | DATE |
| 3) GRADUATE COLLEGE OFFICE  | SIGNATURE | PRINTED NAME | DATE |

Reason for leaving: \_\_\_\_\_

Conditions for re-entry: \_\_\_\_\_

I understand that my withdrawal/cancellation is not complete until I deposit this form in the Records Service Center. I further understand that if any charges such as library or laboratory fees are pending against my account, a transcript or diploma will not be issued until the charges are paid. I am aware of the regulations relating to refunds as appears in the *Student Code*. Disciplinary action will be taken against any person providing unauthorized signatures on this form.

Student's Signature: \_\_\_\_\_

 SUBMIT COMPLETED FORM TO: **Office of the Registrar, Records Service Center, 901 West Illinois Street, Suite 140, Urbana, IL. 61801 MC-063**

**FOR OFFICE OF THE REGISTRAR USE ONLY**

Processed by/date \_\_\_\_\_                      Comments \_\_\_\_\_