

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
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>
- **NetMath Refund policies** are available at netmath.illinois.edu/admissions/withdrawals-refunds
- **Refund Processing Information** is available at <https://paymybill.uillinois.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:

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:

Electronic: Send to citl-registration@illinois.edu or Fax: 217-333-8524

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

 Withdrawal in Absentia

Effective date _____

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

UNDERGRADUATE STUDENTS

 1) COLLEGE OFFICE 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 _____