

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>
- **Math Teach Link and NetMath Refund policies** are available at netmath.illinois.edu/WithdrawalsAndRefunds
- **Refund Processing Information** is available at <https://paymybill.illinois.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: 217-333-8524

MAIL: Center for Innovation in Teaching & Learning, 505 East Armory, Suite 249, Champaign, IL 61820

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

TODAY'S DATE

DEPARTMENT

Effective date

UNDERGRADUATE STUDENTS

DATE _____

DATE _____

GRADUATE STUDENTS

DATE _____

DATE _____

DATE _____

Conditions for re-entry: _____

I understand that my withdrawal/cancellation is not complete until this request is processed by the Registrar's Office. 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

FOR OFFICE OF THE REGISTRAR USE ONLY

Processed by/date _____ Comments _____