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
cil-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.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:

<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 = CT 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 cilt-registration@illinois.edu
WITHDRAWAL / CANCELLATION

PRINT LAST NAME FIRST NAME MI UIN COLLEGE

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 ________________________________