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.uillinois.edu/

Applicant MUST fill out this form completly. 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 = 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
WITHDRAWAL / CANCELLATION

Office of the Registrar

FALL  WINTER  SPRING  SUMMER  YEAR  TODAY'S DATE

PRINT LAST NAME  FIRST NAME  MI  UIN  COLLEGE  DEPARTMENT

ACTION REQUESTED  ☐ Cancellation  ☐ Withdrawal in Person  ☐ Withdrawal in Absentia

Effective date ____________________________

APPROVAL SIGNATURES MUST BE OBTAINED 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

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 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 ____________________________