

Change of Status Form

Non-Degree Students

Office of the Registrar
901 West Illinois Street, Urbana, IL 61801
citl-registration@illinois.edu



- **Cancel, Drop, Withdrawal, and Refund policies** are available at <https://registrar.illinois.edu/>
- **Math Teach Link and NetMath Refund policies** are available at netmath.illinois.edu/WithdrawalsAndRefunds
- **Refund Processing Information** is available at <https://paymybill.uillinois.edu/>

Applicants MUST fill out this form completely. Please print all entries legibly in ink.

1. Full Legal Name _____
Last/Family Name First Name Middle Initial Birth 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 <https://registrar.illinois.edu/>
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

WITHDRAWAL / CANCELLATION

FALL WINTER SPRING SUMMER _____ YEAR _____ TODAY'S DATE

PRINT LAST NAME FIRST NAME MI UIN COLLEGE

DEPARTMENT

ACTION REQUESTED Cancellation
 Withdrawal in Person Effective date _____
 Withdrawal in Absentia

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 _____