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:

<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 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 __________________________

SUBMIT YOUR COMPLETED FORM:
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 __________________________