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
cill-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: 217-333-8524
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 cill-registration@illinois.edu
WITHDRAWAL / CANCELLATION

Office of the Registrar

☐ FALL ☐ SPRING ☐ SUMMER

YEAR TODAY’S DATE

PRINT LAST NAME FIRST NAME MI UIN COLLEGE DEPARTMENT

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 __________

2) OFFICE OF INTERNATIONAL STUDENT & SCHOLAR SERVICES (INTERNATIONAL STUDENTS ONLY)

3) OFFICE OF THE DEAN OF STUDENTS

GRADUATE STUDENTS

1) DEPARTMENT OFFICE

2) OFFICE OF INTERNATIONAL STUDENT & SCHOLAR SERVICES (INTERNATIONAL STUDENTS ONLY)

3) GRADUATE COLLEGE OFFICE

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