

Change of Status Form

Center for Innovation in Teaching & Learning, University of Illinois at Urbana-Champaign
901 West University Avenue, Urbana, IL 61801-2777
217-333-1462 or 800-252-1360 | Fax 217-265-4114
citl-registration@illinois.edu | online.illinois.edu



ILLINOIS
UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN

- **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:

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 <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 citl-registration@illinois.edu

WITHDRAWAL / CANCELLATION

 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 _____

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 _____