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 = CI 499 Cf.)

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 cilt-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

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