Change of Status Form

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>
</tr>
</thead>
<tbody>
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</tbody>
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* 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

PRINT LAST NAME | FIRST NAME | MI | UIN

PERMANENT HOME ADDRESS:

ACTION REQUESTED
- Cancellation
- Withdrawal in Person
- Withdrawal in Absentia

STUDENT MUST OBTAIN SIGNATURES FROM THESE OFFICES IN THE FOLLOWING ORDER:

**UNDERGRADUATE STUDENTS**

1) COLLEGE OFFICE
- NOTIFY ISSS

<table>
<thead>
<tr>
<th>SIGNATURE</th>
<th>PRINTED NAME</th>
<th>DATE</th>
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</thead>
</table>

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

<table>
<thead>
<tr>
<th>SIGNATURE</th>
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<th>DATE</th>
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3) OFFICE OF THE DEAN OF STUDENTS

<table>
<thead>
<tr>
<th>SIGNATURE</th>
<th>PRINTED NAME</th>
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**GRADUATE STUDENTS**

1) DEPARTMENT OFFICE

<table>
<thead>
<tr>
<th>SIGNATURE</th>
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</table>

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 _______________________________________________________________

Rvsd 7/10