Change of Status Form

Applicant MUST fill out this form completely.

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 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:

Electronic: Send to citl-registration@illinois.edu or Fax: 217-333-8524
WITHDRAWAL / CANCELLATION

PRINT LAST NAME FIRST NAME MI UIN COLLEGE DEPARTMENT

PERMANENT HOME ADDRESS:

ACTION REQUESTED

☐ Cancellation

☐ Withdrawal in Person Effective date __________________________________________________________________________

☐ Withdrawal in Absentia

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 ________________________________