



**NAME:** \_\_\_\_\_  
(PLEASE PRINT) Last First MI

\_\_\_\_\_ UNIVERSITY ID NUMBER COLLEGE \_\_\_\_\_

\_\_\_\_\_ COLLEGE APPROVAL DATE \_\_\_\_\_

**TERM:**  FALL  SPRING  SUMMER YEAR \_\_\_\_\_

CRN					SUBJECT AND NUMBER	SECTION	CREDIT HOURS	DEPARTMENT APPROVAL

*This form should not be used to add a course(s) to an existing schedule.*

**AFTER THE END OF FINAL EXAMS FOR THE TERM INDICATED:** The college office must submit completed form to Registration Services, Office of the Registrar , 901 W. Illinois Street, Suite 140, Urbana, IL. 61801, MC-063.