LATE COURSE CHANGE

TERM: ❑ FALL ❑ SPRING ❑ SUMMER YEAR _____ EGD _____

NAME: _____
(PLEASE PRINT) Last First MI

UIN: _____ **COLLEGE:** _____ **DEPT:** _____

STUDENT'S SIGNATURE: _____ **DATE:** _____

ADVISOR'S SIGNATURE: _____ **DATE:** _____

COLLEGE OR GRADUATE DEPT. APPROVAL: _____ **DATE:** _____

ACTION	CRN	SUBJECT & NUMBER	SECTION	CREDIT HOURS	DEPARTMENT APPROVAL
❑ ADD ❑ DROP ❑ CREDIT CHANGE					
IS THIS ADD/DROP A PART OF A SECTION CHANGE? ❑ **YES** ❑ **NO** **DEAN'S SIGNATURE REQUIRED FOR NO GRADE OF "W"** _____					
❑ ADD ❑ DROP ❑ CREDIT CHANGE					
IS THIS ADD/DROP A PART OF A SECTION CHANGE? ❑ **YES** ❑ **NO** **DEAN'S SIGNATURE REQUIRED FOR NO GRADE OF "W"** _____					
❑ ADD ❑ DROP ❑ CREDIT CHANGE					
IS THIS ADD/DROP A PART OF A SECTION CHANGE? ❑ **YES** ❑ **NO** **DEAN'S SIGNATURE REQUIRED FOR NO GRADE OF "W"** _____					
❑ ADD ❑ DROP ❑ CREDIT CHANGE					
IS THIS ADD/DROP A PART OF A SECTION CHANGE? ❑ **YES** ❑ **NO** **DEAN'S SIGNATURE REQUIRED FOR NO GRADE OF "W"** _____					

NOTE:

UNTIL THE END OF FINAL EXAMS FOR THE TERM INDICATED: Undergraduate and professional students must return this form to their college office. **UNTIL READING DAY FOR THE TERM INDICATED:** Graduate students must submit this form to the Graduate College Office or Registration Services (address below).

AFTER THE END OF FINAL EXAMS FOR THE TERM INDICATED: For undergraduate and professional students the **college office** must submit completed form to Registration Services, Office of Admissions and Records, 901 W. Illinois Street, MC-061. **AFTER READING DAY FOR THE TERM INDICATED:** Graduate students must complete a Graduate College Petition to make changes to their schedule.