**UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN**

**LATE COURSE CHANGE**

**TERM:**  
- ☐ FALL  
- ☐ SPRING  
- ☐ SUMMER  

**YEAR ________**  

**EGD ________**

**NAME:** ________________________________________________________________

*(PLEASE PRINT)*  

Last  

First  

MI

**UIN:** ___________________________  

**COLLEGE:** ___________________________  

**DEPT:** ___________________________

**COLLEGE APPROVAL:** ______________________________________________________

**DATE:** ___________________________

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**IS THIS ADD/DROP A PART OF A SECTION CHANGE?**  

- ☐ YES  
- ☐ NO

**DEAN’S SIGNATURE REQUIRED FOR NO GRADE OF "W"**

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**NOTE:**

**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.

Office of the Registrar_Revised 10/11