

Change of Status Form

Non-Degree Students

Office of the Registrar
901 West Illinois Street, Urbana, IL 61801
ndregistration@illinois.edu



- **Cancel, Drop, Withdrawal, and Refund policies** are available at <https://registrar.illinois.edu/>
- **Math Teach Link and NetMath Refund policies** are available at netmath.illinois.edu/WithdrawalsAndRefunds
- **Refund Processing Information** is available at <https://paymybill.uillinois.edu/>

Applicants **MUST** fill out this form completely.

1. Full Legal Name _____
Last/Family Name First Name Middle Initial Birth 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:

CRN*	Subject	Section	Title	Hours	Location	Instructor

* 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 <https://registrar.illinois.edu/>
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

