



**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: _____

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

<input type="checkbox"/> ADD <input type="checkbox"/> DROP <input type="checkbox"/> CREDIT CHANGE					
IS THIS ADD/DROP A PART OF A SECTION CHANGE? <input type="checkbox"/> YES <input type="checkbox"/> NO DEAN'S SIGNATURE REQUIRED FOR NO GRADE OF "W" _____					

<input type="checkbox"/> ADD <input type="checkbox"/> DROP <input type="checkbox"/> CREDIT CHANGE					
IS THIS ADD/DROP A PART OF A SECTION CHANGE? <input type="checkbox"/> YES <input type="checkbox"/> NO DEAN'S SIGNATURE REQUIRED FOR NO GRADE OF "W" _____					

<input type="checkbox"/> ADD <input type="checkbox"/> DROP <input type="checkbox"/> CREDIT CHANGE					
IS THIS ADD/DROP A PART OF A SECTION CHANGE? <input type="checkbox"/> YES <input type="checkbox"/> NO DEAN'S SIGNATURE REQUIRED FOR NO GRADE OF "W" _____					

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.