### UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN
#### 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:** (IF REQUIRED) __________

**DATE:** ________

**COLLEGE APPROVAL:** __________

**DATE:** ________

<table>
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<th>ACTION</th>
<th>CRN</th>
<th>SUBJECT &amp; NUMBER</th>
<th>SECTION</th>
<th>CREDIT HOURS</th>
<th>DEPARTMENT APPROVAL</th>
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<td>[ ] DROP</td>
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</table>

**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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**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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**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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**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:**

UNTIL THE END OF FINAL EXAMS FOR THE TERM INDICATED: Students must return this form to their college office.

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.