



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: \_\_\_\_\_

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					
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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" \_\_\_\_\_

<input type="checkbox"/> ADD <input type="checkbox"/> DROP <input type="checkbox"/> CREDIT CHANGE					
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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" \_\_\_\_\_

<input type="checkbox"/> ADD <input type="checkbox"/> DROP <input type="checkbox"/> CREDIT CHANGE					
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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" \_\_\_\_\_

<input type="checkbox"/> ADD <input type="checkbox"/> DROP <input type="checkbox"/> CREDIT CHANGE					
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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" \_\_\_\_\_

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.