



**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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ADD     DROP  
 CREDIT CHANGE

IS THIS ADD/DROP A PART OF A SECTION CHANGE?     YES     NO  
DEAN'S SIGNATURE REQUIRED FOR NO GRADE OF "W" \_\_\_\_\_

ADD     DROP  
 CREDIT CHANGE

IS THIS ADD/DROP A PART OF A SECTION CHANGE?     YES     NO  
DEAN'S SIGNATURE REQUIRED FOR NO GRADE OF "W" \_\_\_\_\_

ADD     DROP  
 CREDIT CHANGE

IS THIS ADD/DROP A PART OF A SECTION CHANGE?     YES     NO  
DEAN'S SIGNATURE REQUIRED FOR NO GRADE OF "W" \_\_\_\_\_

ADD     DROP  
 CREDIT CHANGE

IS THIS ADD/DROP A PART OF A SECTION CHANGE?     YES     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.