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LATE REGISTRATION & LATE COURSE CHANGE FORM

TERM: FALL SPRING SUMMER YEAR: _____ UIN: _____

NAME: _____ DEPT: _____
(PLEASE PRINT) Last First MI

STUDENT PHONE: _____ EMAIL: _____

STUDENT'S SIGNATURE: _____ DATE: _____

APPROVAL REQUIRED FROM THE STUDENT'S ACADEMIC DEPARTMENT OFFICE AFTER DEADLINE:

AUTHORIZED DEPARTMENTAL SIGNATORY: _____ DATE: _____

PRINT NAME: _____

ACTION	CRN	SUBJECT & NUMBER	SECTION	CREDIT HOURS	COURSE DEPARTMENT APPROVAL - STAMP, SIGN, & DATE
<input type="checkbox"/> ADD <input type="checkbox"/> DROP <input type="checkbox"/> CREDIT CHANGE FROM _____ TO _____					Sign: _____ Date: _____
IS THIS ADD/DROP A PART OF A SECTION CHANGE? <input type="checkbox"/> YES <input type="checkbox"/> NO					

INSTRUCTOR SIGNATURE: _____ DATE: _____

PRINT NAME: _____

<input type="checkbox"/> ADD <input type="checkbox"/> DROP <input type="checkbox"/> CREDIT CHANGE FROM _____ TO _____					Sign: _____ Date: _____
IS THIS ADD/DROP A PART OF A SECTION CHANGE? <input type="checkbox"/> YES <input type="checkbox"/> NO					

INSTRUCTOR SIGNATURE: _____ DATE: _____

PRINT NAME: _____

<input type="checkbox"/> ADD <input type="checkbox"/> DROP <input type="checkbox"/> CREDIT CHANGE FROM _____ TO _____					Sign: _____ Date: _____
IS THIS ADD/DROP A PART OF A SECTION CHANGE? <input type="checkbox"/> YES <input type="checkbox"/> NO					

INSTRUCTOR SIGNATURE: _____ DATE: _____

PRINT NAME: _____