Noncredit students MUST fill out this form completely. Please print all entries legibly in ink.

1. Full Legal Name  
   Last/Family Name  First Name  Middle Initial  

2. Current Mailing Address  
   Number and Street  City/Town  
   State/Province  Zip/Postal Code  Country  

3. Current Phone Number  
   ________ - ________ - ______________  

4. E-mail Address  

5. Status Change Requested:  ____ Drop course(s)  

6. Semester/Term  ___________________________  Year ___________________________  

7. List noncredit course(s) affected by your Change of Status request:  

   CRN*  Course  Title  Location/Online  
   Ex. 99923  ARTH 460 PH  Museum Management  Washington, DC  

   * CRN (Course Reference Number) is the 5-digit number that identifies the course.  

8. Reason for Noncredit Change of Status request:  

   By providing my signature below, I certify that I have read and understand the Online & Continuing Education’s noncredit policies referenced at oce.illinois.edu/Registration/NonCreditCourses.  

   Student’s Signature  
   Signature Date  

SUBMIT YOUR COMPLETED FORM IN ANY OF THE FOLLOWING WAYS:  

   FAX:  217-333-8524  
   MAIL: Center for Innovation in Teaching & Learning, 901 West University Avenue, Urbana, IL 61801-2777  
   ONLINE: Download a PDF form to submit by e-mail at: oce.illinois.edu/Resources/Forms