# 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:** ______________

**DATE:** ______________

**COLLEGE OR GRADUATE DEPT. APPROVAL:** ______________

**DATE:** ______________

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<th>SECTION</th>
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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: Undergraduate and professional students must return this form to their college office. UNTIL READING DAY FOR THE TERM INDICATED: Graduate students must submit this form to the Graduate College Office or Registration Services (address below).

AFTER THE END OF FINAL EXAMS FOR THE TERM INDICATED: For undergraduate and professional students the college office must submit completed form to Registration Services, Office of Admissions and Records, 901 W. Illinois Street, MC-061. AFTER READING DAY FOR THE TERM INDICATED: Graduate students must complete a Graduate College Petition to make changes to their schedule.

Office of the Registrar_Revised 04/06