

Illinois State University
Office of the University Registrar
309-438-2188

Registration/Withdrawal Request Form

All fields below are required.

1. I would like to add ___ drop ___
(Please choose one)

Department _____ Course _____ Section _____ Hours _____

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Please note if adding course: If course has started or has no seats available, a closed class override is required. It is your responsibility to obtain override from the department. Course will not be added to your schedule until override is placed.

Also, if registering for a variable hour course (i.e. Internship or Independent Study) please indicate the number of credit hours you wish to take.

2. University Identification Number (UID) _____

3. Student Name (print) _____

4. Student Signature _____

5. Student Phone Number _____

6. Copy of a photo ID needs to be supplied (either copied below or attached).

FAX this request to the Registrar Service Center. Fax # 309-438-8652.