

Request for Change After Deadline Form
Office of the University Registrar Service Center
Campus Box 2202, Normal IL 61790

Fax: (309) 438-8652 Registrar@ilstu.edu

Student Name: _____ Student ID: _____

Address: _____ Phone: _____

_____ Email: _____
City State Zip

Term: Circle term and fill in year **Fall** **Spring** **Summer** _____
Year

LIST COURSES WHICH SPECIFICALLY RELATE TO THIS REQUEST:

Department	Course Number	Section Number	Credit Hours

Did you receive Financial Aid for the above term: (circle one) **Yes** **No**

Note to Financial Aid recipients: any changes in enrollment may result in a retroactive adjustment in any Financial Aid awarded.

Required Documentation:

- Completed, signed, and dated Request Form
- One-page typed, detailed rationale statement explaining the reason for the request, including desired outcome
- Relevant and supporting documentation that pertains to the class(es) and time-frame at issue. For additional guidance, please refer to the instructions for submitting a Request for Change.

Please Note:

- Forms submitted without explanation and supporting documentation **WILL NOT BE PROCESSED.**
- The deadline to submit a request for exception to the deadline is ONE CALENDAR YEAR from the last day of the semester in question.
- Multiple requests for the same circumstance will not be considered. Requests that are reviewed are done so as a onetime request. If a request is approved, future requests will not be approved unless there are significant circumstances.
- Submission of a request does not suspend billing activity.
- Decisions may be delayed while waiting for instructor response and due to volume of requests.

I certify that the above information and all information submitted in support of this application is complete and accurate.

Student Signature

Date