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:

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<tr>
<th>Department</th>
<th>Course Number</th>
<th>Section Number</th>
<th>Credit Hours</th>
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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 Withdrawal Deadline Exception Request.

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