

**Northern Illinois University
The Graduate School
Schedule Change Form**

Student Name

Student ID number

Course Prefix _____
Course Number _____
Section _____
Hours _____
Registration Code _____
Term _____
Year _____

Does the student intend to withdraw from all courses? Yes No

If yes, the student must attach a schedule change form for all courses.

Swap

Is the above course replacing another in the current term? Yes No

If yes, provide information for the other course below.

Course Prefix _____
Course Number _____
Section _____
Hours _____
Registration Code _____
Term _____
Year _____

Withdraw

Student has been informed that upon withdrawing from my course, he/she will receive a grade of WP (indicating withdrawal passing).

Student has been informed that upon withdrawing from my course, he/she will receive a grade of WF (indicating withdrawal failing).

Financial penalties for withdrawing are determined by university policy as stipulated by the Office of the Bursar.

Add

Student has my permission to add the course listed above.

Credit Hour Change

Student has my permission to change from _____ credit hours to _____ credit hours

Grading Option

Student has my permission to change the grading option in the above-listed course from Graded to Audit.

Student has my permission to change the grading option in the above-listed course from Audit to Graded.

Signatures

Student

Date

Faculty

Date

Faculty (swap only)

Date

Approved

Graduate School

Date

NOTE TO STUDENT: The date assigned to a withdrawal will be the date on which the Graduate School (Adams Hall; fax: 815.753.6366) receives the form. The form must be received within five days of the student's signature.