

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

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student ID number

Course Prefix	Course Number	Section	Hours	Registration Code	Term	Year
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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 Number	Course	Section	Hours	Registration Code	Term	Year
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**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 receives the form. Scan and send to gradsch@niu.edu. The form must be received within five days of the student's signature.