Northern Illinois University
The Graduate School
Schedule Change Form

<table>
<thead>
<tr>
<th>Course Prefix</th>
<th>Course Number</th>
<th>Section</th>
<th>Hours</th>
<th>Registration Code</th>
<th>Term</th>
<th>Year</th>
</tr>
</thead>
</table>

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.

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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 (223 Adams Hall; fax: 815.753.6366) receives the form. The form must be received within five days of the student’s signature.