

**Northern Illinois University**  
**The Graduate School**  
**Course Withdrawal Form**

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

Student ID Number: z \_\_\_\_\_

*Financial penalties for withdrawing are determined by university policy as stipulated by the [Office of the Bursar](#).*

*Students may withdraw from a course through the end of the 10<sup>th</sup> week of classes.*

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

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

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

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

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

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

**Signatures**

_____	_____
Student	Date

_____	_____
Graduate School Approval	Date

**Once this form has been filled out and signed, scan and email it to [gradsch@niu.edu](mailto:gradsch@niu.edu).**