



NORTHWESTERN
UNIVERSITY

Office of the Registrar
633 Clark Street
Evanston, Illinois 60208
(847) 491-5234 Phone
(847) 491-8458 Fax

Undergraduate Course Withdrawal Request

Last Name, First Name: _____

School: _____

Student ID Number: _____ Quarter: _____ Year: _____

Course Information:

Class No. (e.g. 12345) _____

Subject (e.g. GEN_LA) _____

Catalog No.& Section (e.g. 101-0 20) _____

Instructor: _____

Date of final assessment (exam, paper, etc.): _____

Reason for withdrawal: _____

I certify that the due date for the final assessment (paper, presentation, exam, etc.) in this class has not been reached, and thus this course is not complete at the time of my requested withdrawal. I understand that misrepresenting this information will be considered a violation of academic integrity.

Students are prohibited from dropping or withdrawing from courses in which an allegation or a finding of academic misconduct has been made. I certify that I have no pending academic integrity inquiry or finding of misconduct in this class.

Student signature _____ Date _____

School approval _____ Date _____

RO Use: Processed by _____ Date _____