

Western Illinois University, School of Graduate Studies  
**REQUEST TO DROP A GRADUATE COURSE**

**Approvals:** (signatures required)

Department Curriculum Committee (if appropriate)	_____	Date: _____
Department Chairperson	_____	Date: _____
College Curriculum Committee (if appropriate)	_____	Date: _____
College Dean	_____	Date: _____
Graduate School	_____	

**Department:**

**Course title:**

**Course number:**

**Effective date:**

**Western Illinois University, School of Graduate Studies**  
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