



NORTHWESTERN
UNIVERSITY

Northwestern University School of Continuing Studies Program Completion Form

PERSONAL INFORMATION

Date _____ Expected Completion Date *(Month/Year)* _____

Name *(As it is to appear on the certificate)* _____

Social Security number _____

Street address _____

City _____ State _____ Zip _____

Daytime telephone () _____ Evening telephone () _____

E-mail _____

PROGRAM

Please list the name of the certificate program that you plan to complete:

RETURN FORM TO:

Northwestern University
School of Continuing Studies
Attn: Registrar Office
Wieboldt Hall, Sixth Floor
339 East Chicago Avenue
Chicago, IL 60611
(312) 503-6950 phone
(312) 503-4942 fax