Undergraduate Change of Registration Form

NORTHWESTERN UNIVERSITY | SCHOOL OF CONTINUING STUDIES

Term

Today's date

Name

Student ID #

Street address

City State Zip

Home telephone ( ) Work telephone ( )

E-mail address

Number of courses after change Reason for change

Student signature

ADD

Audit	Department Name	Course #	Sec.	Course Name

DROP (see bulletin for tuition adjustments)

Audit	Department Name	Course #	Sec.	Course Name

Payment for Added Courses **(We cannot accept Visa as a method of payment.)**

❍ Check amount _____ (must be at least 60% of all tuition plus fees) ❍ Mastercard ❍ American Express

Credit card number Exp. Date

I hereby authorize Northwestern University to charge $ _____ (total tuition plus lab fees) to the above credit card

Signature

I receive the following types of financial aid: ❍ Illinois State Scholarship ❍ Pell Grant ❍ School of Continuing Studies award ❍ Student Loan ❍ NU Employee tuition benefit (no refund after quarter begins)

I receive veteran's benefits ❍ Yes ❍ No I paid for my original registration by ❍ Check ❍ Credit card ❍ Financial aid

Approved by (SCS office)

MAIL OR FAX YOUR FORM TO:
Northwestern University School of Continuing Studies
Attn: Registrar's Office
Wieboldt Hall, 6th Floor
339 East Chicago Avenue
Chicago, Illinois 60611-3008
Tel 312-503-6950
Fax 312-503-4942