Registration Form Professional Development Programs

(for new students only)

Northwestern SCHOOL OF PROFESSIONAL STUDIES

PERSONAL INFORMATION (please write legibly)

Name: Last		First		Initial		
Home address: Street						
City		State	Zip code			
Home telephone ()		Email				
Employer	Position Work telephone ()
Work address: Street						
City		State	Zip code			
Date of birth /	/ Gender: o F	emale o Male				
ARE YOU AN EMPLOYEE O	OF NORTHWESTERN UNIVERS	ITY? O Yes O No	Emplid #		Netid	
CITIZENSHIP STATUS (REQU	JIRED)					
o U.S. citizen	emporary U.S. resident; type of	visa				
o Naturalized o F	Permanent U.S. resident (not U.S	. citizen) Country of citizen	zenship			
HOW WOULD YOU DESCR	IBE YOURSELF? (OPTIONAL;	CHOOSE ALL THAT APPL	.Y)			
o American Indian/Alaskan	o Asian/Pacific		,			
o Black, non-Hispanic origin	o Hispanic					
o White, non-Hispanic origin	·					
ADDITIONAL INFORM WHAT IS YOUR HIGHEST L	EVEL OF EDUCATION? • High	h school diploma O Associater's degree O Doctora		chelor's degree er (list)		
DO YOU PLAN TO COMPLE FOR WHICH TERM ARE YO	TE A CERTIFICATE PROGRAM	MAT THIS TIME? • Ye • O Ye • O Winter 20 _		0 O Summ	ner 20	
	tern registration, if different from		© Opinig 2	<u> </u>	.0. 20	_
COURSE REGISTRA						
PDP CODE	COURSE TITLE FEES (ITEMIZE)	CLASS NUMBER	SECTION	DAY	CAMPUS	TUITION AND
Example: FIN_PLAN 312-0	Investment Planning	23554	44	Tu	Loop	Tuition \$700
					DENT LOAN	
			AMC	OUNT ENCLOSED		
NAME OF PROGRAM YOU	ARE REGISTERING FOR (must	t be completed):				

TUITION AND REFUNDS

All tuition is due at the time of registration, either by credit card or personal check. If your payment is returned or declined for any reason, a \$35 service fee will be charged. The University reserves the right to cancel classes due to insufficient enrollments, instructor illness, severe weather or natural disaster. In the event of cancellation due to insufficient enrollment, registrants will be notified immediately and all fees are returned.

Dropping Courses and Refunds: Students may drop a professional development course at any time by logging in to CAESAR. Dropping a course AFTER it starts will result in no refund to the student. I

Prior to accepting your registration, your credit card number will be tested for validity.

TUITION BENEFIT FOR CURRENT STAFF

In order to receive your tuition benefit, you must submit a completed application to the NU Benefits Division within the calendar year for which your benefit is being requested. If you do not submit the benefit form, you will be responsible for paying the entire tuition amount.

ARE YOU RECEIVING TUITION ASSISTANCE FROM YOUR EMPLOYER FOR THIS COURSE/PROGRAM?

o Yes o No

PAYMENT DUE AT REGISTRATION

Check/money order

Letter of credit

MasterCard

enclosed

American Express

Visa

 $I \cap A$

I hereby authorize Northwestern to charge \$

to credit card number

Signature Date

STATEMENT OF ACADEMIC INTEGRITY

Northwestern University students and faculty are committed to scholarly principles that respect and acknowledge individual achievement. Because of this, certain behaviors are viewed as unacceptable, including cheating, plagiarism, falsifying or fabricating information, and aiding or abetting academic dishonesty. Students who violate these principles are subject to penalties, including course failure and dismissal from Northwestern University.

You must sign this statement. The School of Professional Studies will not accept any unsigned registrations.

I certify that to the best of my knowledge all statements by me are correct, complete, and my own. By registering at Northwestern University, I agree to abide by the standards of academic integrity expected of Northwestern University students as outlined in the School of Professional Studies catalog.

Signature

Expiration date

Date

REGISTRATION FORMS ARE ACCEPTED BY FAX OR IN PERSON.

We cannot accept any forms via email that include SSN information and debit/credit card numbers.

Northwestern University School of Professional Studies Registration: Professional Development Programs 339 East Chicago Avenue, Eighth floor Chicago, Illinois 60611-3008

FAX: 312-503-4727 Phone: 312-503-6951

School of Professional Studies use only

Amount received Payment form

Registration information Confirmation sent