



NORTHWESTERN
UNIVERSITY

School of Continuing Studies

Application for Professional Graduate Series Certificate

Completion of this form is required for the awarding of the certificate. Send the completed form to:
Northwestern University School of Continuing Studies, Registrar's Office
Wieboldt Hall, 339 East Chicago Avenue, 6th floor, Chicago, IL 60611

Name _____ Student ID # _____
Last First MI

Signature _____ Date _____

Phone _____ NU Email Address _____

Certificate to be awarded:

Name for Certificate

Please type or print your name on the line below exactly as you wish it to appear on your certificate.
Use only capital letters. Accent marks are acceptable.

Local/Current Address

_____ Street

_____ City State Zip

Mailing Address (if different from local address)

_____ Street

_____ City State Zip