

Registration Form

Professional Development Programs

(for new students only)



SCHOOL OF
CONTINUING
STUDIES

PERSONAL INFORMATION

Name: Last _____ First _____ Initial _____

Home address: Street _____

City _____ State _____ Zip code _____

Home telephone (_____) _____ E-mail _____

Employer _____ Position _____ Work telephone (_____) _____

Work address: Street _____

City _____ State _____ Zip code _____

Date of birth ____ / ____ / ____ Gender: Female Male SSN# _____

ARE YOU AN EMPLOYEE OF NORTHWESTERN UNIVERSITY? Yes No Emplid # _____ Netid _____

CITIZENSHIP STATUS

U.S. citizen Temporary U.S. resident; type of visa _____

Naturalized Permanent U.S. resident (not U.S. citizen) Country of citizenship _____

HOW WOULD YOU DESCRIBE YOURSELF? (OPTIONAL; CHOOSE ALL THAT APPLY)

- American Indian/Alaskan
- Asian/Pacific Islander
- Black, non-Hispanic origin
- Hispanic
- White, non-Hispanic origin
- Other _____

ADDITIONAL INFORMATION

WHICH OF THE FOLLOWING BEST DESCRIBES THE INDUSTRY IN WHICH YOU CURRENTLY WORK?

- Agriculture, Food, and Natural Resources
- Government and Public Administration
- Law/Public Safety and Security
- Architecture and Construction
- Health Science
- Manufacturing
- Arts, A/V, Technology and Communications
- Hospitality and Tourism
- Marketing/Sales and Service
- Business Management and Administration
- Human Services
- Science/Technology/Engineering and Mathematics
- Education and Training
- Information Technology
- Transportation/Distribution and Logistics
- Finance/Banking

ARE YOU EXPLORING A CAREER CHANGE? Yes No

WHAT WAS YOUR PRIMARY MOTIVATION FOR ENROLLING IN THIS COURSE/PROGRAM?

- Career advancement
- Earn required continuing education credit
- Personal enrichment
- Other _____

OF WHAT ASSOCIATION(S) ARE YOU A MEMBER? _____

WHAT PROFESSIONAL OR TRADE PUBLICATION(S) DO YOU REGULARLY READ? _____

ADDITIONAL INFORMATION (CONTINUED)

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?

- High school diploma Associate's degree Bachelor's degree
- Master's degree Doctorate Other (list) _____

WHAT PROFESSIONAL CERTIFICATIONS DO YOU HOLD? _____

WHAT PROFESSIONAL LICENSES DO YOU HOLD? _____

HOW DID YOU FIRST HEAR ABOUT THIS PROGRAM?

- Brochure or postcard in mail I received an e-mail. I saw a flyer. Event or fair Referral
- Online (name web site) _____ Radio (name station) _____
- Newspaper or magazine (please name) _____
- Trade Publication or Newsletter (please name) _____
- Other (list) _____

DO YOU PLAN TO COMPLETE A CERTIFICATE PROGRAM AT THIS TIME? Yes No

FOR WHICH TERM ARE YOU REGISTERING? Fall 20____ Winter 20____ Spring 20____ Summer 20____

NAME OF PROGRAM YOU ARE REGISTERING FOR (must be completed):

Name used on last Northwestern registration, if different from above _____

COURSE REGISTRATION INFORMATION

PDP CODE	COURSE TITLE (ITEMIZE)	CLASS NUMBER	SECTION	DAY	CAMPUS	TUITION AND FEES
Example: FIN_PLAN 312-0	Investment Planning	23554	44	Tu	Loop	Tuition \$700

TOTAL _____

AMOUNT ENCLOSED _____

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.** If a student drops the course prior to the course start date, tuition will be refunded less a \$50 drop fee.*

ARE YOU RECEIVING TUITION ASSISTANCE FROM YOUR EMPLOYER FOR THIS COURSE/PROGRAM? Yes No

PAYMENT DUE AT REGISTRATION

- Check/money order enclosed Letter of credit Key career loan
- American Express MasterCard Visa

I hereby authorize Northwestern to charge \$ _____ to credit card number _____

Expiration date _____ 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 Continuing 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 Continuing Studies catalog.

Signature _____ Date _____

REGISTRATION FORMS ARE ACCEPTED BY MAIL, FAX, OR IN PERSON.

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

FAX: 312-503-4942 Attention: Professional Development Registration
E-MAIL: pdp-reg@northwestern.edu

School of Continuing Studies use only

Late fee	Amount received	Payment form
Registration information	Confirmation sent	