

Graduate Change of Registration Form



SCHOOL OF
CONTINUING
STUDIES

Program

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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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