

OFFICE USE

NU I.D.: _____

Date: _____



NORTHWESTERN UNIVERSITY
Evanston, IL 60208

OFFICE USE

Approved by: _____

Dept.: _____

Date: _____

CONFIRMATION OF INTENTION TO REGISTER

(Return this form to the office of the school concerned)

Social Security Number

_____ - _____ - _____

Please check one:

- Graduate School on Evanston Chicago Campus
- Graduate Division of the school of Education
- Graduate Division of the School of Music
- Graduate Division of The School of Engineering & Applied Sciences
- Garrett-Evangelical Theological Seminary
- Graduate Division of the School of Journalism
- Graduate Division of the School of Communication

Name _____ Sex: Male Female
Last First Middle Maiden

Quarter you wish to register: Fall Winter Spring Summer 20____ Date of Birth ____/____/____
Month Day Year

Have you ever been registered in any school of Northwestern? _____ If so, what school? _____
 Evanston Chicago

Dates of prior attendance at NU _____ NU I.D. # _____
FROM: Quarter Year TO: Quarter Year

Toward what degree do you intend to work? _____ Date degree expected? _____ Dept. _____
Month Year

Are you a U.S. Citizen Permanent Resident Foreign Student (Visa type _____)

Racial/Ethnic Classification 1. American Indian 2. Black 3. Asian, Pacific Islander
(U.S. CITIZENS PERMANENT RESIDENTS ONLY) 4. Hispanic 5. White

Current mailing address _____
Number Street City State Zip

Home Phone (____) _____ - _____ E-mail _____

Permanent Address _____ Phone(____) _____ - _____
Number Street City State Zip

Person to contact in an emergency _____ Relationship _____

Address _____ Phone (____) _____ - _____
Number Street City State Zip

Name of College or University	Dates of attendance	Degree earned	Date
_____	FROM: Month Year TO: Month Year	_____	_____
_____	FROM: Month Year TO: Month Year	_____	_____

This is to confirm my intention to register for the _____ Quarter, 20____ in the school indicated above.

Student's Signature _____ Date _____