

Office of the Registrar Enrollment Verification Form



SCHOOL OF
CONTINUING
STUDIES

Please Print Clearly:

Name: _____

ID#: _____ Phone # _____ Email _____

Signature _____ Date: _____
(Verification will not be processed without student's signature)

Verification of:

Current Attendance

Past Attendance

Cumulative GPA

Degree Conferred

Other _____

Please Include: _____

Please check one:

Pick-up (Please allow two business days for processing)

Mail to: _____

Fax to: _____

Please deliver to

Northwestern University School of Continuing Studies
Office of the Registrar
339 East Chicago Avenue
6th Floor
Chicago, IL 60611
Fax: 312-503-4727

OFFICE USE ONLY

Rec'vd by: _____ Date: _____

Processed by: _____ Date: _____