

Visiting Scholar Application Form



SCHOOL OF
CONTINUING
STUDIES

PROGRAM FOR WHICH YOU ARE APPLYING:

- Creative Writing
- Liberal Studies
- Literature
- Public Policy and Administration
- Sports Administration

IN WHICH QUARTER WOULD YOU LIKE TO BEGIN YOUR STUDIES?

- FALL
- WINTER
- SPRING
- SUMMER
- YEAR 20_____

PERSONAL INFORMATION

NAME LAST _____ FIRST _____ M.I. _____

U.S. SOCIAL SECURITY NUMBER (optional) _____ DATE OF BIRTH ____/____/____ Male Female

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ E-MAIL _____

EMPLOYER _____

JOB TITLE _____

DATE OF HIRE _____ WORK TELEPHONE _____

WORK ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CITIZENSHIP STATUS

- U.S. Citizen
- Permanent U.S. Resident (not U.S. citizen)
- International student; Type of Visa _____

RACIAL/ETHNIC INFORMATION (OPTIONAL)

- African American, not of Hispanic origin
- Asian American/Pacific Islander
- Hispanic, not of Puerto Rican or Mexican American
- Puerto Rican
- Native American/Alaskan Native
- Caucasian/White, not of Hispanic origin
- Mexican American
- Other _____

(continued)

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FOR OFFICE USE ONLY: DATE RECEIVED _____ PROCESSED BY _____

EDUCATIONAL INFORMATION

▪ College/University _____ City/State _____

Field of Study _____

Dates attended: FROM _____ TO _____ Degree Earned or Hours Completed _____

▪ College/University _____ City/State _____

Field of Study _____

Dates attended: FROM _____ TO _____ Degree Earned or Hours Completed _____

▪ College/University _____ City/State _____

Field of Study _____

Dates attended: FROM _____ TO _____ Degree Earned or Hours Completed _____

Undergraduate GPA _____ TOEFL score _____ (International students only)

Are you currently a degree candidate at any college or university? Yes No

If yes, please indicate the name of the school you are attending and degree sought _____

APPLICATION REQUIREMENTS:

Application requirements for Visiting Scholars vary according to program. Please consult the School of Continuing Studies' Graduate Catalog or the SCS website at www.scs.northwestern.edu for more details. Please submit your application fee of \$75 along with this application form. Please do not send cash. Checks should be made payable to The School of Continuing Studies.

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.

You must sign this statement. The School of Continuing Studies will not review any unsigned application.

I certify that to the best of my knowledge all statements by me are correct, complete, and my own. If admitted to Northwestern University, I will abide by the standards of academic integrity expected of Northwestern University students. I understand that this application and all other records gathered for my admission files are confidential and will not be disclosed to me or any other person, except as provided by law.

SIGNATURE _____ DATE _____

Mail or fax your completed form to:
Graduate Admissions
Northwestern University School of Continuing Studies
Wieboldt Hall, 6th Floor
339 E. Chicago Ave.
Chicago, IL 60611
Tel 312-503-0875
Fax 312-503-4942
E-mail scs@northwestern.edu
www.scs.northwestern.edu