



NORTHWESTERN  
UNIVERSITY

SCHOOL OF  
CONTINUING  
STUDIES

## Program Completion Form

### PERSONAL INFORMATION

Date \_\_\_\_\_ Expected Completion Date (month/year) \_\_\_\_\_

Name (as it should appear on your certificate) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Daytime telephone ( ) \_\_\_\_\_ Evening telephone ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

### PROGRAM

Please list the name of the certificate program that you completed, instructor name, and program dates.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PLEASE RETURN COMPLETED FORM TO:

Northwestern University  
School of Continuing Studies  
Registrar's Office  
Wieboldt Hall, Sixth Floor  
339 East Chicago Avenue  
Chicago, IL 60611  
312-503-6951 voice  
312-503-4942 fax