NLU REGISTRATION FORM

FOR OFFICE USE ONLY
Student Accts Appr _____

D.P. _____

NLU ID: _____

LAST NAME: _____

FIRST/MIDDLE NAME: _____

MAIDEN (if applicable): _____

☐ Check if new name or address since last registration

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME/CELL PHONE: (_____)_____

BUSINESS PHONE: (_____)_____

E-MAIL ADDRESS: _____

SSN (only if a first-time registrant): _____

☐ I am a new NLU student ☐ I am a returning NLU student

SELECT TERM:

☐ Fall ☐ Winter ☐ Spring ☐ Summer 20 _____

BIRTH DATE: _____ GENDER: ☐ M ☐ F

ETHNIC BACKGROUND: ☐ Hispanic or Latino ☐ Non-Hispanic or Latino
(If Non-Hispanic or Latino please check a Race category)

RACE: ☐ American Indian or Alaskan Native ☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ Asian ☐ White

Graduate students: if you have a fellowship or doctoral scholarship, please indicate: ☐ Fellowship ☐ Doctorate

Graduate students: do you have a bachelor's degree from an accredited institution? ☐Yes ☐No

Are you admitted to an NLU program? ☐ Admitted ☐ Not Admitted

Are you a degree seeking student? ☐ Yes ☐ No

In the College of Education a maximum limit of nine semester hours of NCE/NLU credit taken as a special student prior to formal admission may apply toward a Master's Degree, Educational Specialist Degree or Certificate of Advanced Study.

ALL INFORMATION MUST BE COMPLETED OR FORM WILL BE RETURNED TO YOU

The undergraduate unit of credit is the quarter hour; the graduate unit of credit is the semester hour.

CRN NUMBER	COURSE NUMBER	COURSE TITLE	QTR or SEM HRS	For extension courses, list site

_____ _____

Student's Signature **Date** **Advisor Signature (Required for Undergraduates)** **Date**

Return to: Academic Advising Center, National Louis University, 122 S. Michigan Ave., Chicago, IL 60603; (Fax) 312.261.3044