



2011-12 University Aid Application
The School of Continuing Studies Graduate Programs

Please type or print in ink

PROGRAM OF STUDY (check one): [] MPPA [] MMI [] MQARS [] MFA CW
[] MSCIS [] MSA [] MA Lib studies [] MAL
[] MCRRA [] MSPA
2011-12 YEAR IN SCHOOL (check one): [] 1st Year [] 2nd Year [] 3rd Year [] 4th Year Other (List year):
Indicate the month/year you entered or expect to enter NU Indicate the month/year you expect to graduate

A. GENERAL INFORMATION:

1. Applicant's Name: Last Name First Name Middle Initial

2. Social Security Number: Date of Birth:

3. Citizenship: [] U.S. Citizen
[] Permanent Resident
[] International Student (Visa Type):

4. Local Address: Street Address City State Zip Code

Local Telephone: Northwestern E-Mail Address:

Please provide dates during which permanent address is valid: From To (mo./yr.) (mo./yr.)

5. Place of Employment:

Work Telephone: E-Mail Address:

6. Best method to contact you during the day: [] Work phone [] Cell phone ()
[] Email [] Other

Please check all terms in which you will be enrolled and list the number of courses. Students MUST be enrolled in two courses per term to be eligible for federal student loans. Contact our office immediately if your course load changes during any term.

Table with 3 columns: Term, Number of Courses, Quarter requesting Financial Aid. Rows include Summer 2011*, Fall 2011, Winter 2012, Spring 2012, Summer 2012.

*Please note: If Summer 2011 is your first term of enrollment in the School of Continuing Studies, you must complete the 2010-11 financial aid application in order to receive financial aid for Summer 2011.

H. STUDENTS' RELEASE OF INFORMATION:

Do you authorize staff in the Office of Financial Aid, Chicago to disclose financial aid information to your parents, spouse and/or other relatives?

Yes No

Name of relative(s): _____

Relationship: _____

CERTIFICATION STATEMENT: I/We certify that the information I/we have provided is true and correct to the best of my/our knowledge. I/We understand that information from this form may be released to scholarship programs and/or designated donors of funds for which I am selected. I/We agree to notify the Office of Financial Aid, Chicago of any changes to the above information. Furthermore, I/we understand that if I/we have knowingly provided false and/or misleading information, I/we may be reported to the governing agency, which may result in possible penalties and/or revocation of funds for misrepresentation.

Student signature

Date signed

Spouse/prospective spouse signature

Date signed

Return completed application to: Northwestern University, Office of Financial Aid, Chicago, 710 N. Lake Shore Drive, Room 629, Chicago, Illinois 60611-3078.