



Northwestern University Center for Public Safety Registration Form

Rank/Title First Name M.I. Last Name

PERSONAL INFORMATION

Please provide your contact information: Home Work

Street Address Apt/Suite #

City State Zip Country

Phone Fax

Gender: Male Female

Email Address

BILLING INFORMATION

Please indicate where we may send billing inquiries. Use address above

Agency/Business Agency Contact

Street Address Apt/Suite #

City State Zip Country

Phone Fax

Email Address

COURSE INFORMATION

Course Title Course Starting Date

PAYMENT INFORMATION Select one

Check or Money Orders

- Check or money order made payable to Northwestern University Center for Public Safety.
(Please include student name on check or money order.)

Credit Card

- I hereby authorize Northwestern University to charge \$_____ to my
- American Express Discover Master Card Visa

Card Number Expiration Date Cardholder's Signature

Cancellation Policy

I acknowledge that I may make changes to my registration up to 30 calendar days before the first day of class without incurring additional fees, and that any cancellations must be made in writing using the cancellation form and submitted to the NUCPS Registrar. I have read the refund provisions on the NUCPS website at nucps.northwestern.edu/rcpolicy and acknowledge that I may not receive a 100% refund if I cancel my registration, as set forth in the Policy.

Student or Agency Contact Signature Date

IN PERSON
1801 Maple Avenue
Evanston, Illinois 60208

BY MAIL
NUCPS Registrar
1801 Maple Avenue
Evanston, Illinois 60208

BY FAX
(Credit Card Payment Only)
847-467-0540