



SCHOOL OF
PROFESSIONAL
STUDIES

Program Completion Form

PERSONAL INFORMATION

Date _____ Expected Completion Date (Month/Year) _____

Name (As it is to appear on the certificate) _____

Street address _____

City _____ State _____ Zip _____

Daytime telephone () _____ Evening telephone () _____

Email _____

PROGRAM

Please list the name of the certificate program that you plan to complete:

RETURN FORM TO:

pdp@northwestern.edu

PLEASE NOTE:

Due to the School of Professional Studies' current remote working policy, you will be issued a digital certificate of completion. Upon request, a physical certificate can be mailed once the School of Professional studies is back at the office