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COURSE DESCRIPTION REQUEST

The processing time for course descriptions requests is 5–7 business days.

Name: _____ NLU ID or SSN (last 4 digits): _____

Daytime Phone: _____ Email Address: _____

I need course descriptions for:

_____all the courses I completed at NLU _____the following courses:

Course Number	Term	Course Number	Term
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach an additional sheet if necessary)

Course description(s) should be sent to (name, address or email address):

_____
_____
_____

Please submit this request to:

Office of the Registrar
National Louis University
1000 Capitol Drive
Wheeling, IL 60090
Email: registrar@nl.edu
Fax:847.465.4746