NATIONAL LOUIS UNIVERSITY
1886

APPLICATION UPDATE FORM

Incomplete applications are cancelled one year from the application date. If your application is less than 3 years old, you may reinstate your application by submitting this Application Update Form to the Office of Admissions. The decision to deny admission cannot be appealed.

_____ _____
Program *NLU ID or SSN*

_____ _____
Name *Maiden/Former Name*

_____
Address

_____ _____ _____
City *State* *Zip Code*

_____ _____
Home/Cell Phone *Work Phone*

_____ Level: ☐ *Graduate* ☐ *Undergraduate*
E-mail Address

If you have attended NLU, please indicate date of last attendance: _____

Please list all Colleges/Universities attended since your initial application to NLU:

_____ FROM: _____ TO: _____

_____ FROM: _____ TO: _____

Are you applying for financial assistance? YES NO

Are you applying for VA benefits? YES NO

Please include any additional information that you feel is pertinent to your study at NLU:

_____

_____

_____

ADMISSION POLICY

Procedures and requirements are specific to each program. Admission to study in one program does not ensure admission to all programs. The decision to deny admission cannot be appealed. It is your responsibility to be aware of the policies and requirements of National Louis University as stated in the University catalogs. National Louis University reserves the right to change any provision or requirement, including fees, at any time, with or without notice. National Louis University admits students to all programs and activities and administers all educational, employment, and other policies without discrimination because of race, color, age, religion, gender, sexual orientation, ancestry, disability, military status, or marital status. I certify that the information given on this application is complete and correct to the best of my knowledge, and that I have attended no institutions other than those listed. I understand that I am responsible for arranging the forwarding of official transcripts of records from schools I have attended, and that such transcripts become the property of the University and will not be returned to me. I also give my permission to National Louis University to verify my educational records with the institutions I have attended.

_____ _____
Student's Signature *Date*

Email to: admissions@nl.edu
Fax to: 847.465.5730
Mail to: Office of Admissions, 1000 Capitol Dr, Wheeling, IL 60090