Designation Form
Northwestern University Employee/Student Verification

Please complete this form and return to: Office of Work/Life & Family Resources
Northwestern University
720 University Place, #106, Evanston, IL 60208
or email: worklife@northwestern.edu

Today’s Date: _______________________

Your Name: ____________________________________________________________

*Any fee assistance received will be reflected on this parent’s paycheck as imputed income

Northwestern Wildcard Student Number or Employee ID# (7 digits): ______________

Name of child(ren) to be enrolled: 1) __________________ 2) __________________

Birthdate of child(ren) to be enrolled: 1) __________ 2) ________________

Enrollee Start Date: ______________

Type of NU Affiliate (please check only ONE box):

<table>
<thead>
<tr>
<th>Faculty</th>
<th>Staff</th>
<th>Student*</th>
<th>Affiliates</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Pritzker School of Law</td>
<td>☐ Pritzker School of Law</td>
<td>☐ Pritzker School of Law</td>
<td>☐ Shirley Ryan AbilityLab (formerly RIC)</td>
</tr>
<tr>
<td>☐ Feinberg School of Medicine (FSM)</td>
<td>☐ Feinberg School of Medical School (FSM)</td>
<td>☐ Feinberg School of Medical School (FSM)</td>
<td>☐ McGaw Medical Education (Residents only)*</td>
</tr>
<tr>
<td>☐ School of Prof Studies (SPS)</td>
<td>☐ School of Prof Studies (SPS)</td>
<td>☐ School of Prof Studies (SPS)</td>
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<tr>
<td>☐ Northwestern Medical Group (NMG)</td>
<td>☐ Northwestern Medical Group (NMG)</td>
<td>☐ The Graduate School (TGS)</td>
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<td>☐ Kellogg</td>
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<td>☐ Other _______</td>
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<td>☐ Other _______</td>
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</tbody>
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*Graduation Date: _______________________

Employees and Students will be required to complete a University Children’s Center’s Enrollment Form, and are responsible for all fees not otherwise noted on this form. This Designation Form does not guarantee enrollment.

Do you plan to apply for Fee Assistance? ☐ Yes ☐ No

Applicant Signature: __________________________

For Center Use Only

Family #: ___________________________ FT/PT Tuition Rate: ____________

Center Director Signature: __________________________

The above applicant is an NU Affiliate and is eligible for use of the specified Northwestern spaces.

Northwestern Verification Signature: __________________________ Date: ____________

Rev. Dec 2017