

Office Location: 271 Huntington Avenue • Phone: 617.373.2300 • Fax: 617.373.5351 • registrar@neu.edu • www.northeastern.edu/registrar
 Mailing Address: Northeastern University, ATTN: Office of the Registrar, 230-271, 360 Huntington Avenue, Boston, MA 02115-5000

Note: Directed Study Registration Forms are due by the last day to drop a course without a W grade for the term.
 All fields are required. Failure to complete the form properly will delay registration.
 NUpath: To request the addition of one or more NUpath attributes to this class section, please use the Class Section NUpath Form
 (www.northeastern.edu/registrar/sec_nupath_fm.doc)

Semester: Fall Spring Summer 1 Summer 2 Full Summer Year _____

Instructor's name (please print): _____ Instructor's NUID: _____ - _____

If the student is following the exact syllabus of an existing course, complete Box 2; otherwise complete Box 1:

Box 1: Directed study courses

Subject code (e.g., BIOL): _____ Credit (semester hours) : _____

Topic of directed study: _____

Course number (check one):

4970 Junior/Senior Honors Project 1 (4 credits) 4971 Junior/Senior Honors Project 2 (4 credits)
 4991 Research (4 credits) 4992 Directed Study (variable credit) 4993 Independent Study (variable credit)
 4994 Internship (4 credits) 4996 Experiential Education Directed Study (4 credits)

OR

Box 2: Following the exact syllabus of an existing course as a directed study

Reason for following the exact syllabus of an existing course: Scheduling conflict Course not offered this term

Subject code (e.g., DEAF): _____ Course number (e.g., 2500) : _____ Credits (semester hours): _____

Title of existing course: _____

Student Name(s) (please print)	NUID(s)	Overload Allowed?*
1. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of instructor Print name Date

Signature of departmental personnel Print name Date

**Overload occurs when a student takes more than (a) 16 billing hours in fall, spring, or full summer terms or (b) 8 billing hours in summer 1 or summer 2 terms. Please indicate whether or not we should register a student for this class if it results in an overload for the student.*

Registrar's Office Use Only

Processed by: _____ Date: _____ CRN: _____

Notes: _____ Section: _____