

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

**Directions**

Please complete all the information below, including all required signatures, and then furnish copies to:

- The registrar of your *home* institution (where your degree is in progress)—failure to do this will result in the nontransference of credits and grades
- The registrar of the *host* institution (offering the course you wish to take)

Institution	Phone	Email
<input type="checkbox"/> Boston College, 140 Commonwealth Ave, Chestnut Hill, MA 02467	617-552-3300	<a href="mailto:studentservices@bc.edu">studentservices@bc.edu</a>
<input type="checkbox"/> School of the Museum of Fine Arts at Tufts, 230 The Fenway, Boston, MA 02115	617-627-2000	<a href="mailto:studentservices@tufts.edu">studentservices@tufts.edu</a>
<input type="checkbox"/> Tufts Graduate School of Biomedical Sciences, 145 Harrison Ave, Boston, MA 02111	617-636-6767	<a href="mailto:gsbs@tufts.edu">gsbs@tufts.edu</a>
<input type="checkbox"/> Viceroy/DECREE Consortium Partner Institutions		

If your institution is not listed above, you may take classes at Northeastern as a special student. Please complete the "Undergraduate Special Student Form" at [www.northeastern.edu/registrar/forms.html](http://www.northeastern.edu/registrar/forms.html). For graduate Special Student status, contact the [respective college](#).

**Student Information**

Legal Sex:  Male  Female  Decline to Answer      Citizenship:  International on visa  U.S. citizen  
 Have you previously applied to or taken classes at Northeastern?  Yes  No

Social Security number/NUID \_\_\_\_\_ Date of birth (month day year) \_\_\_\_\_  
 Decline to Answer

Name \_\_\_\_\_ Email \_\_\_\_\_

Local address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Check one:  Graduate student  Undergraduate student  
 Do you have a student loan or receive any other form of financial aid?  Yes  No

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorization of *home* registrar:  
 Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorization of *home* advisor/college:  
 Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Course Information**

College/department of *host* university \_\_\_\_\_

Course title \_\_\_\_\_ Credit \_\_\_\_\_

Course number \_\_\_\_\_ Section number \_\_\_\_\_ CRN \_\_\_\_\_

Year \_\_\_\_\_  Fall  Spring  Summer 1  Summer 2  Full Summer  
 Authorization to over-enroll class if class is full:  Yes  No—please contact

Authorization of *host* registrar:  
 Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorization of *host* college/department:  
 Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_