

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

This registration form is to be used by non-Northeastern students registering for courses that are part of the Marine Studies Consortium taught at Northeastern University. 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
- Office of the University Registrar at Northeastern University for processing to avoid enrollment and billing issues

Northeastern University is a member school of the Marine Studies Consortium. For additional information and offerings, visit the consortium's website at www.marinestudiesconsortium.org.

If you are a student at a Marine Studies Consortium member institution, contact the consortium representative on your campus for registration information. Check the list of participating member institutions and contacts to find the representative on your campus.

Student Information

Have you previously applied to or taken classes at NU? Yes No Citizenship: International on visa U.S. citizen

Social Security # or NUID _____ (If you do not have an NUID, one will be provided after this form is processed.)

Date of birth (month/day/year) _____ Gender: Female Male Not available

Name (first, initial, last) _____

Local street address _____

City _____ State _____ Zip _____

Phone _____ Home Mobile Email _____

Name of participating member college/university _____

Authorization of home college consortium representative:

Signature _____ Date _____

Print name _____ Email _____

Northeastern University Course Information

College/department of *host* university: College of Science

Course title _____ Credit _____

Course number _____ Section number _____ CRN _____

Year _____ Fall Spring

Authorization to overenroll class if class is full: Yes No—please contact

Authorization of host college consortium representative:

Signature _____ Date _____

Print name _____ Email _____

Office use only Registered date _____ Initials _____ Email