

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 to audit courses that are part of the Nanomedicine Academy taught at Northeastern University in conjunction with their home institutions. Students will receive degree credit at their home institution through the establishment of course-equivalency at each partner institution. 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)
- Office of the University Registrar at Northeastern University to set up access to course integration partner/materials and to avoid enrollment and billing issues.

Student Information

Have you previously applied to or taken classes at NU?  Yes  No

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 Registrar representative:

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

Print name \_\_\_\_\_ Email \_\_\_\_\_

Northeastern University Course Information

College/department of *host* university : College of Science/Physics Department—Nanomedicine

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 Northeastern University Nanomedicine representative:

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

Print name \_\_\_\_\_ Email \_\_\_\_\_

Office use only: Student Type: Special, (A) Audit Registration Status, No grade

Registered date \_\_\_\_\_ Initials \_\_\_\_\_ Email