

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

INSTRUCTIONS: Students who are not enrolled at Northeastern University may petition the college academic advising office or department office to take courses on a semester-by-semester basis. Approval is based on the student's academic qualifications and on the availability of class space. The maximum cumulative credit hours for which a special student may register is 20 (not including related labs). Tuition is billed at the undergraduate per-credit-hour rate; refer to www.northeastern.edu/financialaid/studentaccounts/tuition.html for additional information.

1. Present this form to the appropriate college representative for approval.
2. Submit the completed form to the Office of the Registrar (see address above) for processing.
3. Account statement will be generated by Office of Student Accounts.
4. Payment of charges is required in full before the Office of the Registrar can finalize your course enrollment.
5. If tuition is covered via Tuition Waiver Form, attach approved copy to this registration form.
6. If you are an international student, please include a copy of your visa.
7. An email confirmation of your registration will be sent to the email address you have provided. The email will include instructions on how to pay a bill, how to make registration changes, and how to complete the "I Am Here" attendance confirmation process.

I have read and agree to the above conditions in order to enroll in the courses listed below.

Student's Signature _____ Date _____

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 _____ Gender: Female Male Not available

First Name _____ MI _____ Last Name _____

Local Address _____ City _____ State _____ Zip _____

Home Phone _____ E-mail Address _____

PERMISSION The student has permission to register as a special student for the following semester:
 Fall Spring Full Summer Summer 1 Summer 2 Year: _____

COLLEGE Arts, Media & Design D'Amore-McKim (Business) Computer & Information Science
 Engineering Bouvé (Health Sciences) Science
 Social Sciences & Humanities Military Science

COURSE INFORMATION: The following course(s) may be taken:

CRN	Course Number	Course Title	Credit Hours
Total Credit Hours:			

APPROVAL: Either (a) academic advising office in college offering course(s) or (b) department offering course(s)

- ▶ Approved to overenroll class if class is full: Yes No—please contact
- ▶ Print Name _____
- ▶ Signature _____ Date _____

OFFICE USE ONLY

NUID: _____ Record/Enrollment Date: _____

Billed Date: _____ Paid Date: _____ Initials: _____ Email: