



Office of the Registrar

Add Course Form

STUDENT INFORMATION

First name _____ Last name _____

Student ID _____ NU School _____

Major _____ Year of study (1-4) _____

COURSE INFORMATION

Semester: ☐ Fall20__ ☐ Spring20__ ☐ Summer20__

Course Abbr _____ Title _____

☐ Lecture (L) Section _____ Instructor's Signature _____

☐ Lab (Lb) Section _____ Instructor's Signature _____

☐ Tutorial (T) Section _____ Instructor's Signature _____

☐ Recitation (R) Section _____ Instructor's Signature _____

☐ _____ Section _____ Instructor's Signature _____

Student _____
date

Adviser _____

Instructor _____
date

Dep. Chair of the course/Vice Dean for Academic
Affairs _____
date

*Please make sure not to leave blank fields. It will prevent from proceeding your form.

*All forms should be submitted to the School Office of the course.

School administrator use only

Processed by:

Date: