

Email completed form to [registrar@northeastern.edu](mailto:registrar@northeastern.edu)

Phone: 617.373.2300 • Fax: 617.373.5351 • [www.northeastern.edu/registrar](http://www.northeastern.edu/registrar)

**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](#).

<b>Student Information</b>		
Legal Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to Answer	Citizenship: <input type="checkbox"/> International on visa <input type="checkbox"/> U.S. citizen	
Have you previously applied to or taken classes at Northeastern? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Security number/NUID _____	Date of birth (month day year) _____	
<input type="checkbox"/> Decline to Answer		
Name _____	Email _____	
Local address _____		
Home phone _____	Cell phone _____	
Check one: <input type="checkbox"/> Graduate student <input type="checkbox"/> Undergraduate student		
Do you have a student loan or receive any other form of financial aid? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Student Signature Date _____		
Authorization of <i>home</i> registrar:		
Print Name _____	Signature _____	Date _____
Authorization of <i>home</i> advisor/college:		
Print Name _____	Signature _____	Date _____

<b>Course Information</b>					
College/department of <i>host</i> university _____					
Course title _____	Credit _____				
Course number _____	Section number _____	CRN _____			
Year _____	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer 1	<input type="checkbox"/> Summer 2	<input type="checkbox"/> Full Summer
Authorization to over-enroll class if class is full: <input type="checkbox"/> Yes	<input type="checkbox"/> No—please contact _____				
Authorization of <i>host</i> registrar:					
Print Name _____	Signature _____	Date _____			
Authorization of <i>host</i> college/department:					
Print Name _____	Signature _____	Date _____			