Northeastern University
Office of the University Registrar

Cross-Registration Petition

Email completed form to registrar@northeastern.edu
Phone: 617.373.2300   •   Fax: 617.373.5351   •   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
☐ Boston College, 140 Commonwealth Ave, Chestnut Hill, MA 02467	617-552-3300	studentservices@bc.edu
☐ School of the Museum of Fine Arts at Tufts, 230 The Fenway, Boston, MA 02115	617-627-2000	studentservices@tufts.edu
☐ Tufts Graduate School of Biomedical Sciences, 145 Harrison Ave, Boston, MA 02111	617-636-6767	gsbs@tufts.edu
☐ 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. For graduate Special Student status, contact the respective college.

Student Information

Legal Sex: ☐ Male ☐ Female ☐ Decline to Answer   Citizenship: ☐ International on visa ☐ U.S. citizen
Have you previously applied to or taken classes at Northeastern? ☐ Yes ☐ No

Social Security number/NUID _____   Date of birth (month day year) _____
☐ Decline to Answer

Name _____   Email

Local address _____

Home phone _____   Cell phone _____

Check one: ☐ Graduate student ☐ Undergraduate student
Do you have a student loan or receive any other form of financial aid? ☐ Yes ☐ No

Student Signature Date_____

Authorization of *home* registrar:
Print Name _____ Signature _____ Date _____

Authorization of *home* advisor/college:
Print Name _____ Signature _____ Date _____

Course Information

College/department of *host* university _____

Course title _____   Credit _____

Course number _____   Section number _____   CRN _____

Year _____ ☐ Fall   ☐ Spring   ☐ Summer 1   ☐ Summer 2   ☐ Full Summer
Authorization to over-enroll class if class is full: ☐ Yes   ☐ No—please contact

Authorization of *host* registrar:
Print Name _____ Signature _____ Date _____

Authorization of *host* college/department:
Print Name _____ Signature _____ Date _____

Office use only   Registered date _____   New Student ID _____   Initials _____   Email ☐

6/3/2023