

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
<input type="checkbox"/> Boston College, 140 Commonwealth Ave, Chestnut Hill, MA 02467	617-552-3300	studentservices@bc.edu
<input type="checkbox"/> School of the Museum of Fine Arts at Tufts, 230 The Fenway, Boston, MA 02115	617-627-2000	studentservices@tufts.edu
<input type="checkbox"/> Tufts Graduate School of Biomedical Sciences, 145 Harrison Ave, Boston, MA 02111	617-636-6767	gsbs@tufts.edu
<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. For graduate Special Student status, contact the [respective college](#).

Student Information	
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 _____ <input type="checkbox"/> Decline to Answer	Date of birth (month day year) _____
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 _____	

Course Information	
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 _____	

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