

Northeastern University
Bouve College of Health Sciences
Special Student Application

Rev. 01/28/08

Date _____

To be filled in by NU staff

NUID 000- _____

Documents Received: ___ Official Transcript ___ Nursing License (if needed) ___ \$50 Application fee

Social Security # _____ - _____ - _____ Date of Birth _____

Name (___ Mr. ___ Ms.) _____
Last First

Mailing Address _____

E-mail _____

Telephone: () _____ () _____ () _____
Home Work Cell

Ethnic Background (optional: for statistical purposes only)

___ Native American ___ African American ___ Hispanic American ___ Asian American ___ Caucasian American

___ Permanent Resident (green card) ___ International/Type of visa _____

Check Semester: ___ Fall ___ Spring ___ Summer ___ Summer 1 ___ Summer 2 Year/200 ___

___ Department Approval Needed for: *Speech-Language, Cardiopulmonary, PharmD, DPT, Health Informatics*
(Dept. head and/or instructor's signature)

_____ Date _____

Print last name Sign Last Name

Please list the class for which you want to register:

Course Number _____ Key # _____ Day and Time _____

Course Number _____ Key# _____ Day and Time _____

Applicant's name as it appears on transcript(s): _____

Registration dates will be assigned each semester for special student registration. Please make sure all necessary materials are submitted, as we are unable to take action until the application file is complete. All material should be brought with you during the special student's registration dates which will be held at 123 Behrakis Health Sciences Building. Please call if we can be of further assistance at 617/373-2708.