

Directions

Please complete all the information below and 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	Fax
<input type="checkbox"/> Hebrew College, 160 Herrick Road, Newton Centre, MA 02459	617.559.8600	617.559.8601
<input type="checkbox"/> New England Conservatory of Music, 290 Huntington Avenue, Boston, MA 02115	617.262.1120	617.262.0500
<input type="checkbox"/> School of the Museum of Fine Arts, 230 The Fenway, Boston, MA 02115	617.369.3621	617.541.0920
<input type="checkbox"/> Roxbury Community College, 1234 Columbus Avenue, Roxbury, MA 02120	617.427.0060 x5565	617.933.7427
<input type="checkbox"/> Other: _____		

Student Information

Gender:  Male  Female  Not available

Have you previously applied to or taken classes at Northeastern?  Yes  No

Social Security number/NUID \_\_\_\_\_ Date of birth (month day year) \_\_\_\_\_

Name \_\_\_\_\_

Local address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

Check one:  Graduate student  Undergraduate student

Do you have a student loan or receive any other form of financial aid?  Yes  No

Authorization of *home* registrar \_\_\_\_\_ Date \_\_\_\_\_

Authorization of *home* advisor \_\_\_\_\_ 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 of *host* department \_\_\_\_\_ Date \_\_\_\_\_

Important note on courses offered by the School of the Museum of Fine Arts: These courses are open only to Northeastern University Art + Design majors. Registration requires *instructor's* signature rather than departmental signature.