

120 Hayden Hall • 360 Huntington Avenue, Boston, MA 02115 • Tel: 617.373.2300 • Fax: 617.373.5351 • registrar@neu.edu • www.northeastern.edu/registrar

---

Name: \_\_\_\_\_

NUID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Term and Year:  Fall  Spring  Full Summer  Summer 1  Summer 2 Year: \_\_\_\_\_

Check One:  Closed Course  Cross-College Course  Late Registration

CRN	Course #	Section	Course Title

Required Signatures:

Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate School: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar's Office—Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Receipt of this form does not guarantee registration. If this form cannot be processed within 24 hours for any reason, you will be notified using the contact information above.