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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: \_\_\_\_\_

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.

For Registrar's Office Use Only	
Received by: _____	Date: _____
Processed by: _____	Date: _____

Copies:  Registrar  Instructor  Graduate Office