

STUDENT INFORMATION

NUID _____ - _____

Last name _____ First name _____

Current address _____
Street City State ZIP

Day telephone _____ - _____ - _____ E-mail _____@husky.neu.edu

COURSE INFORMATION

Semester: Fall Spring Summer 1 Summer 2 Full Summer Year _____

CRN	Course #	Section	Course Title

Student signature _____ Date _____

Note: Prorated tuition is computed as of the date the form is received by the Office of the Registrar. Please visit www.northeastern.edu/financialaid/studentaccounts/refunds.html for the Student Financial Services refund policy.