Undergraduate Directed Study Registration Form

Note: Directed Study Registration Forms are due by the end of the second week of the term.
All fields are required. Failure to complete the form properly will delay registration.
NUpath: To request the addition of one or more NUpath attributes to this class section, please use the Class Section NUpath Form (www.northeastern.edu/registrar/sec_nupath_frm.doc)

Semester: ☐ Fall ☐ Spring ☐ Summer I ☐ Summer II ☐ Full Summer Year ________________________
Instructor’s name (please print): ____________________________ Instructor’s NUID: __ ______ - ______ ______ ______ ______

If the student is following the exact syllabus of an existing course, complete Box 2; otherwise complete Box 1:

Box 1: Directed study courses

Subject code (e.g., BIOL): ___ ___ ___ ___ Credit (semester hours): ______
Topic of directed study: ____________________________________________

Course number (check one):
☐ 4970 Junior/Senior Honors Project 1 (4 credits) ☐ 4971 Junior/Senior Honors Project 2 (4 credits)
☐ 4991 Research (4 credits) ☐ 4992 Directed Study (variable credit) ☐ 4993 Independent Study (variable credit)
☐ 4994 Internship (4 credits) ☐ 4996 Experiential Education Directed Study (4 credits)

OR

Box 2: Following the exact syllabus of an existing course as a directed study

Reason for following the exact syllabus of an existing course: ☐ Scheduling conflict ☐ Course not offered this term

Subject code (e.g., DEAF): ___ ___ ___ ___ Course number (e.g., 2500): ___ ___ ___ ___ Credits (semester hours): ______
Title of existing course: __________________________________________

Student Name(s) (please print) NUID(s) Overload Allowed?*
1. ____________________________________________ ________________________ ☐ Yes ☐ No
2. ____________________________________________ ________________________ ☐ Yes ☐ No
3. ____________________________________________ ________________________ ☐ Yes ☐ No
4. ____________________________________________ ________________________ ☐ Yes ☐ No
5. ____________________________________________ ________________________ ☐ Yes ☐ No
6. ____________________________________________ ________________________ ☐ Yes ☐ No
7. ____________________________________________ ________________________ ☐ Yes ☐ No
8. ____________________________________________ ________________________ ☐ Yes ☐ No

Signature of instructor ____________________________ Print name ____________________________ Date ____________

Signature of departmental personnel ____________________________ Print name ____________________________ Date ____________

*Overload occurs when a student takes more than (a) 16 billing hours in fall, spring, or full summer terms or (b) 8 billing hours in summer 1 or summer 2 terms. Please indicate whether or not we should register a student for this class if it results in an overload for the student.

Registrar’s Office Use Only

Processed by: ____________________________ Date: ____________________________ CRN: ____________________________

Notes: ____________________________________________ Section: ____________________________