Undergraduate Directed Study Registration Form

Office Location: 271 Huntington Avenue • Phone: 617.373.2300 • Fax: 617.373.5351 • registrar@neu.edu • www.northeastern.edu/registrar
Mailing Address: Northeastern University, ATTN: Office of the Registrar, 230-271, 360 Huntington Avenue, Boston, MA 02115-5000

Note: Directed Study Registration Forms are due by the last day to drop a course without a W grade for 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 1 □ Summer 2 □ 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: ___________________________

11/3/2016