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Name: _____

NUID: _____ - _____ - _____ Date: _____

E-Mail: _____ Day Phone: _____

Term and Year:

Fall Spring Summer 1 Summer 2 Full Summer Year: _____

CRN	Course #	Course Title	Day	Time

Required Signatures:

Instructor: _____ Date: _____

Department: _____ Date: _____

Registrar's Office—Received By: _____ Date: _____

Note: The instructor's signature signifies his/her academic approval for you to enter the course but does NOT guarantee your registration into the class. Instructors will only sign if they believe a seat is available. If this form cannot be processed within 24 hours for any reason, you will be notified using the contact information above.

Important: During the official add period, all forms should be processed at the college dean's office or at the office of the department offering the course. This form is accepted at the Office of the Registrar only after the official add period has ended.

Copies: Registrar Student