

Email completed form to registrar@northeastern.edu
Phone: 617.373.2300 • Fax: 617.373.5351 • www.northeastern.edu/registrar

Directions

This registration form is to be used by **visiting students** who need to be registered for research. **Please complete ALL the information below, including required signatures, and then furnish the completed form to:**

- Office of the University Registrar at Northeastern University

Visiting Student Information

Have you previously applied to, taken classes, been employed or affiliated with any departments at NU? ☐ Yes ☐ No

Citizenship: ☐ International on Visa ☐ U.S. Citizen/Permanent Resident ☐ Other

Social Security # _____ (Internal Use Only or as required for federal reporting purposes)

NUID _____ (If you do not have an NUID, one will be provided after this form is processed)

Date of birth (month/day/year) _____ Legal Sex: ☐ Female ☐ Male ☐ Not available Gender Designation: _____

Name First _____ Initial _____ Last _____

Local Addr: # Street _____ City _____ State _____ Zip _____

Permanent Home Addr: # Street _____ City _____ State _____ Zip _____

Phone _____ ☐ Home ☐ Mobile ☐ None Email _____

Home Institution _____

Authorization of home college representative: I am certifying that the above student is enrolled and in good standing at the home institution named above. The home institution will notify Northeastern University if the student is no longer enrolled and/or in good standing.

Signature _____ Title _____ Date _____

Print name _____ Email _____

Research Class Enrollment Information

Host College/Department _____

Faculty Sponsor Name _____ NUID _____

Course number INPR 9100 Course title Research – Visiting Student Credits 0

Year _____ Duration of Program Attendance (check all that apply) ☐ Fall ☐ Spring ☐ Full Summer ☐ Summer 1 ☐ Summer 2

Approvals:

Faculty Sponsor Signature _____ Date _____

Print Name/NUID# _____ / _____

College/Department Signature _____ Date _____

Print Name/NUID# _____ / _____

Registrar Office use only: Course section and CRN will be assigned by Registrar's Office

Registered date _____ Initials _____ Email ☐ 6/15/2023