

Email completed form to [registrar@northeastern.edu](mailto:registrar@northeastern.edu)  
Phone: 617.373.2300 • Fax: 617.373.5351 • [www.northeastern.edu/registrar](http://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 4100 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