Northeastern University

The Learning Link Audit Form

Office of the University Registrar

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

INSTRUCTIONS: Members of The Learning Link can submit this form to audit a course from the available course list (www.northeastern.edu/communityaffairs/audit-classes-at-northeastern). Audits carry no academic credit and do not appear on an official transcript.

- 1. Complete "Student Information" and "Permission/Course Information" sections of form.
- 2. Present this form to the City and Community Affairs Office at Northeastern for approval.
- 3. Present to the instructor teaching course for approval.
- 4. Submit the completed form to the Office of the Registrar (see address above) for processing.
- 5. An email confirmation of your registration will be sent to the email address you have provided.

I have read and agree to the above conditions in order to enroll in the course(s) listed below.

Student's Signature					Date			
STUDENT INFOR	MATION							
Have you previously applied to or taken classes at NU?				Citizenship	: 🗆 Internati	onal on visa	□ U.S. citizen	I.
Social Security # or NUID				(If you do no	(If you do not have an NUID, one will be provided after this form is processed.)			
Date of Birth				Gender:	□ Female	□ Male	□ Not availa	ble
First Name			MI	Last Name				
Local Address				City			State	Zip
Home Phone				E-mail Add	ress			
PERMISSION	The student has permission to register as a spec			pecial student for	the following	semester:		
	□ Fall	□ Spring	Year:					
COLLEGE	□ Arts, M	ledia & Design	D'Amore-McKim (Business)			Computer & Information Science		
	Engine	ering	Bouvé (Health Sciences)		□ So	□ Science		

□ Social Sciences & Humanities

COURSE INFORMATION: The following course(s) may be taken:

CRN	SUBJECT AND COURSE NUMBER	COURSE TITLE		

COMMUNITY	AFFAIRS	OFFICE	APPROVAL:
		OI I I UL	

- Print name _____
- Signature _____

INSTRUCTOR APPROVAL:

Print name _____ ►

Signature ______

REGISTRAR OFFICE USE ONLY

_____ Date _____

____ Date ____