

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 **non-Northeastern students** registering for courses that are part of the Marine Studies Consortium **taught at Northeastern University**. Please complete all the information below, including all required signatures, and then furnish copies to:

- The registrar of your *home* institution (where your degree is in progress)—failure to do this will result in the nontransference of credits and grades
- Office of the University Registrar at Northeastern University for processing to avoid enrollment and billing issues

Northeastern University is a member school of the Marine Studies Consortium. For additional information and offerings, visit the consortium's website at [www.marinestudiesconsortium.org](http://www.marinestudiesconsortium.org).

If you are a student at a Marine Studies Consortium member institution, contact the consortium representative on your campus for registration information. Check the list of participating member institutions and contacts to find the representative on your campus.

## Student Information

Have you previously applied to or taken classes at NU?  Yes  No      Citizenship:  International on visa  U.S. citizen

Social Security # or NUID \_\_\_\_\_ (If you do not have an NUID, one will be provided after this form is processed.)

Date of birth (month/day/year) \_\_\_\_\_      Gender:  Female  Male  Not available

Name (first, initial, last) \_\_\_\_\_

Local street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_  Home  Mobile      Email \_\_\_\_\_

Name of participating member college/university \_\_\_\_\_

## Authorization of home college consortium representative:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_ Email \_\_\_\_\_

## Northeastern University Course Information

College/department of *host* university: College of Science

Course title \_\_\_\_\_ Credit \_\_\_\_\_

Course number \_\_\_\_\_ Section number \_\_\_\_\_ CRN \_\_\_\_\_

Year \_\_\_\_\_  Fall  Spring

Authorization to overenroll class if class is full:  Yes  No—please contact

## Authorization of host college consortium representative:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_ Email \_\_\_\_\_

**Office use only** Registered date \_\_\_\_\_ Initials \_\_\_\_\_ Email