

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 **non-Northeastern students** to audit courses that are part of the Nanomedicine Academy **taught at Northeastern University in conjunction with their home institutions**. Students will receive degree credit at their home institution through the establishment of course-equivalency at each partner institution. 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)
- Office of the University Registrar at Northeastern University to set up access to course integration partner/materials and to avoid enrollment and billing issues.

Student Information

Have you previously applied to or taken classes at NU? Yes No

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 Registrar representative:

Signature _____ Date _____

Print name _____ Email _____

Northeastern University Course Information

College/department of *host* university : College of Science/Physics Department—Nanomedicine

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 Northeastern University Nanomedicine representative:

Signature _____ Date _____

Print name _____ Email _____

Office use only: Student Type: Special, (A) Audit Registration Status, No grade

Registered date _____ Initials _____ Email