Northeastern University
*Office of the University Registrar*

# Undergraduate Special Student Form

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

**INSTRUCTIONS:** Students who are not enrolled at Northeastern University may petition the college academic advising office or department office to take courses on a semester-by-semester basis. Approval is based on the student's academic qualifications and on the availability of class space. The maximum cumulative credit hours for which a special student may register is 20 (not including related labs). Tuition is billed at the undergraduate per-credit-hour rate; refer to www.northeastern.edu/financialaid/studentaccounts/tuition.html for additional information.

1. Present this form to the appropriate college representative for approval.
2. Submit the completed form to the Office of the Registrar (see address above) for processing.
3. Account statement will be generated by Office of Student Accounts.
4. Payment of charges is required in full before the Office of the Registrar can finalize your course enrollment.
5. If tuition is covered via Tuition Waiver Form, attach approved copy to this registration form.
6. If you are an international student, please include a copy of your visa.
7. An email confirmation of your registration will be sent to the email address you have provided. The email will include instructions on how to pay a bill, how to make registration changes, and how to complete the "I Am Here" attendance confirmation process.

*I have read and agree to the above conditions in order to enroll in the courses listed below.*

Student's Signature _____ Date _____

## 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 _____

Gender: ☐ Female ☐ Male ☐ Not available

First Name MI Last Name

Local Address City State Zip

Home Phone E-mail Address

**PERMISSION** The student has permission to register as a special student for the following semester:

☐ Fall ☐ Spring ☐ Full Summer ☐ Summer 1 ☐ Summer 2 Year: _____

**COLLEGE**

☐ Arts, Media & Design ☐ D'Amore-McKim (Business) ☐ Computer & Information Science
☐ Engineering ☐ Bouvé (Health Sciences) ☐ Science
☐ Social Sciences & Humanities ☐ Military Science

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

| CRN | Course Number | Course Title | Credit Hours |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | Total Credit Hours: | |

**APPROVAL:** Either (a) academic advising office in college offering course(s) or (b) department offering course(s)

► Approved to overenroll class if class is full: ☐ Yes ☐ No—please contact

► Print Name _____

► Signature _____ Date _____

## OFFICE USE ONLY

NUID: _____ Record/Enrollment Date: _____

Billed Date: _____ Paid Date: _____ Initials: _____ Email: ☐

6/15/2023