

Office Location: 271 Huntington Avenue • Phone: 617.373.2300 • Fax: 617.373.5351 • registrar@neu.edu • www.northeastern.edu/registrar
Mailing Address: Northeastern University, ATTN: Office of the Registrar, 230-271, 360 Huntington Avenue, Boston, MA 02115-5000

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 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 Year: _____

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

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

CRN	SUBJECT AND COURSE NUMBER	COURSE TITLE	CREDIT HOURS

COMMUNITY AFFAIRS OFFICE APPROVAL:

▶ Print name _____

▶ Signature _____ Date _____

INSTRUCTOR APPROVAL:

▶ Print name _____

▶ Signature _____ Date _____

REGISTRAR OFFICE USE ONLY

NUID: _____ Record Date/Signature: _____