Undergraduate Directed Study Registration Form

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

Notes: Directed Study Registration Forms are due by the end of the second week of the term.
All fields are required. Failure to complete the form properly will delay registration.

Semester: ☐ Fall ☐ Spring ☐ Summer 1 ☐ Summer 2 ☐ Full Summer Year ___________________________

Instructor’s name (please print): ___________________________ Instructor’s NUID: ___ ___ - ___ ___ ___ ___ ___

If the student is following the exact syllabus of an existing course, complete box 2 only.

Box 1: Directed study courses

Subject code (e.g., BIOL): ___ ___ ___ ___ Credit (semester hours): ________

Topic of directed study: ____________________________________________

Course number (check one):
☐ 4991 Research (4 credits) ☐ 4992 Directed Study (variable credit) ☐ 4993 Independent Study (variable credit)
☐ 4994 Internship (4 credits) ☐ 4996 Experiential Education Directed Study (4 credits)

Box 2: Following the exact syllabus of an existing course as a directed study

Reason for following the exact syllabus of an existing course: ☐ Scheduling conflict ☐ Course not offered this term

Subject code (e.g., DEAF): ___ ___ ___ ___ Course number (e.g., 2500): ___ ___ ___ ___

Title of existing course: ____________________________________________

Student Name(s) (please print) NUID(s) Overload Allowed?*

1. ____________________________ ____________________________ ☐ Yes ☐ No
2. ____________________________ ____________________________ ☐ Yes ☐ No
3. ____________________________ ____________________________ ☐ Yes ☐ No
4. ____________________________ ____________________________ ☐ Yes ☐ No
5. ____________________________ ____________________________ ☐ Yes ☐ No
6. ____________________________ ____________________________ ☐ Yes ☐ No
7. ____________________________ ____________________________ ☐ Yes ☐ No
8. ____________________________ ____________________________ ☐ Yes ☐ No

Signature of instructor Print name Date

Signature of departmental personnel Print name Date

*Overload occurs when a student takes more than (a) 16 billing hours in fall, spring, or full summer terms or (b) 8 billing hours in summer 1 or summer 2 terms. Please indicate whether or not we should register a student for this class if it results in an overload for the student.

Registrar’s Office Use Only

Processed by: ____________________________ Date: ____________________________ CRN: ____________________________

Notes: ____________________________ Section: ____________________________

11/2/2015