

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

Note: Directed Study Registration Forms are due by the end of the second week of the 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. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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: _____