

CROSS-REGISTRATION PETITION



120 Hayden Hall
360 Huntington Avenue, Boston, MA 02115
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TTY: 617.373.5360 www.neu.edu/registrar

Directions

Please complete all the information below and furnish copies to:

- The registrar of your *home* institution (where your degree is in progress)—failure to do this will result in the nontransference of credits and grades
- The registrar of the *host* institution (offering the course you wish to take)

Institution

- Hebrew College, 43 Hanes Street, Brookline, MA 02146 Tel: 617.232.8710 Fax: 617.734.9769
- New England Conservatory of Music, 290 Huntington Avenue, Boston, MA 02115 Tel: 617.262.1120 Fax: 617.262.0500
- School of the Museum of Fine Arts, 230 The Fenway, Boston, MA 02115 Tel: 617.369.3621 Fax: 617.424.6271
- Other: _____

Student Information

Social Security number _____ Date of birth (month day year) _____

Name _____

Local address _____

Home phone _____ Work phone _____

Check one: Graduate student Undergraduate student

Do you have a student loan or receive any other form of financial aid? Yes No

Authorization of *home* registrar _____ Date _____

Authorization of *home* advisor _____ Date _____

Course Information

College/department of *host* university _____

Course title _____

Course number _____ Section number _____ Key number _____

Year _____ Fall Spring Summer 1 Summer 2 Full Summer

Authorization of *host* department _____ Date _____