

# DIRECTED STUDY REGISTRATION FORM



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Semester:  Fall  Spring  Summer 1  Summer 2  Full Summer Year \_\_\_\_\_

Course number \_\_\_\_\_ Credit (semester hours) \_\_\_\_\_

Instructor's name (please print) \_\_\_\_\_

Instructor's NUID \_\_\_\_\_ Office address \_\_\_\_\_

Student Name(s)

NUID(s)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_

Instructor's signature \_\_\_\_\_ Date \_\_\_\_\_

or

Dept. personnel signature \_\_\_\_\_ Date \_\_\_\_\_

Copies to:  Registrar's Office  Department

For Office Use Only

Key # \_\_\_\_\_

Sec # \_\_\_\_\_