

UNDERGRADUATE SPECIAL STUDENT FORM



120 Hayden Hall
360 Huntington Avenue Boston, MA 02115
tel: 617.373.2300 Fax: 617.373.5351
TTY: 617.373.5360 www.neu.edu/registrar

STUDENT INFORMATION

(SOCIAL SECURITY #) _____ - _____ - _____ DATE OF BIRTH (MM/DD/YYYY) ____ / ____ / _____
(NUID WILL BE PROVIDED WHEN THIS FORM IS PROCESSED) GENDER FEMALE MALE

FIRST NAME _____ MI _____ LAST NAME _____

HOME PHONE NUMBER _____ E-MAIL ADDRESS _____

LOCAL ADDRESS _____ CITY _____ STATE _____ ZIP _____

PERMISSION The student has permission to register as a Special Student for this semester:
 Fall Spring Full Summer Summer 1 Summer 2 Year: _____

SCHOOL: ARTS AND SCIENCES COMPUTER AND INFORMATION SCIENCE MILITARY SCIENCE
 BOUVÉ CRIMINAL JUSTICE
 BUSINESS ENGINEERING

COURSE INFORMATION The following course(s) may be taken

Key #	Course #	Course Title	#Credit Hours

Total Credit Hours: _____

Dean's Office Signature _____ Date _____

INSTRUCTIONS Please refer to the Undergraduate Catalog for a definition of Special Student and for current tuition information (tuition will be billed at the per credit hour rate). www.registrar.neu.edu/billing

1. Present form to the appropriate college representative for approval.
2. Submit the white copy of this form to the Office of the Registrar in 120 Hayden for processing.

White COPY: Registrar Yellow COPY: Student