

GCWS Student Registration Form: Students from Northeastern University

STUDENT INFORMATION

Student Name:

Mailing Address:

Email Address:

HOME INSTITUTION INFORMATION

Institution: Northeastern University

Degree Program/Department:

Faculty Advisor:

GCWS COURSE INFORMATION

Course Title:

NEU Course Number:

****If registering as a directed study** Directed Study faculty member:**

Semester:

Course Dates:

Grade Option: (Check One) ___ Letter Grade ___ Pass/No Credit

Credit: (Check if this is true) ___ This student **will** be seeking credit at home institution.

APPROVALS & SIGNATURES REQUIRED (in order of listing):

Signatures: Please circle 'May' or 'May Not' indicating whether or not credit at home institution will be pursued.

HOME INSTITUTION

1. **Advisor:** _____

I verify that the above student is enrolled in good standing in the above-stated status at above-stated institution and program and may participate in this GCWS course.

Signature: _____

Date: _____

2. **WGSS Program Coordinator:** Kiki Samko

I verify that the registration process is confirmed and that this student will be enrolling in this course.

Signature: _____

Date: _____

GRADUATE CONSORTIUM IN WOMEN'S STUDIES

3. **GCWS Program Manager:** Andi Sutton

No signature is needed from the GCWS Program Manager. Kiki Samko will scan and send a digital copy of the signed form to arsutton@mit.edu to confirm the completion of the registration process.