

Office of the Registrar
Extra Place Form

! Do not exceed capacity of the assigned room !

STUDENT INFORMATION

First name _____ Last name _____

Student ID _____ NU School _____

Major _____ Year of study (1-4) _____

Track (if any) _____ Minor (if any) _____

COURSE INFORMATION
Semester: Fall20__ Spring20__ Summer20__

Course Abbr _____ **Title** _____

 Lecture (L) Section _____ Instructor's Signature _____

 Lab (Lb) Section _____ Instructor's Signature _____

 Tutorial (T) Section _____ Instructor's Signature _____

 Recitation (R) Section _____ Instructor's Signature _____

 _____ Section _____ Instructor's Signature _____

 Student _____
signature date

 Adviser _____
full name and signature date

 Dep. Chair of the course/Vice Dean for Academic
 Affairs _____
full name and signature date

*Please make sure not to leave blank fields. It will prevent from proceeding your form.

*All forms should be submitted to the School Office of the course.

School administrator use only

Processed by: _____

Date: _____