

Instructions:

1. Student must complete Part I, and submit this form to their Academic Advisor, Graduate Program Coordinator, or Authorized Secondary Approver: General Requests.
2. Academic Advisor, Graduate Program Coordinator, or Authorized Secondary Approver: General Requests completes Part II.
3. Student must submit [the OGS Graduate Research Abroad e-form](#) via their MyOGS portal and **upload this PDF**.

Part I: Completed by Student

Name: _____
Last/Family Name *First/Given Name* *Middle Name*

Northeastern ID: _____ Your I-20/DS2019 End Date*: _____ / _____ / _____
Month *Day* *Year*

***Note:** the research end date cannot exceed the program end date listed on your I-20/DS-2019

I understand that I must report any change in the duration, location, and nature of my approved research abroad to the Office of Global Services and my Academic Advisor as soon as possible.

Student's Signature: _____ **Date:** _____

When Part I is complete, please give this form to your Academic Advisor, Graduate Program Coordinator or Authorized Secondary Approver: General Requests to complete Part II.

Part II: Completed by Academic Advisor, Graduate Program Coordinator, or Authorized Secondary Approver: General Requests (if Academic Advisor is not authorized to sign off on OGS e-forms)

Research Dates: From _____ / _____ / _____ to _____ / _____ / _____
Month *Day* *Year* *Month* *Day* *Year*

Semester(s) student will be engaged in research abroad: Fall Spring Summer

Student is currently registered: Yes No

Note: student must be registered full-time and maintain full-time registration status during the research abroad.

Please explain why the student's research abroad is essential to his/her academic program:

Academic Advisor or Graduate Program Coordinator (Required)

To the best of my knowledge, I do hereby attest that the information pertaining to the student above is accurate.

Print Name & Title _____

Signature _____ Date _____

Authorized Secondary Approver: General Requests (Required if Academic Advisor or Graduate Coordinator is not authorized to sign off on OGS e-forms)

To the best of my knowledge, I do hereby attest that the information pertaining to the student above is accurate.

Print Name & Title _____

Signature _____ Date _____

When Part II is complete, student must submit this PDF in the OGS Graduate Research Abroad e-form.