

For students requesting an Initial I-20 after a status violation, a Reinstatement I-20, an Initial/Transfer I-20 after an academic dismissal, or for students returning from a leave of absence of more than 5 months and/or who are not eligible for Reactivation.

Part I: Student Information *(to be completed by the student)*

Name _____
Surname Given Name

Northeastern ID: _____ Major: _____

Are you enrolled in a full-time course load for the current term? Yes No

If you answer No, please indicate the next available term and the year that you will enroll full-time:

Fall Winter Spring Summer Year: _____

Part II: Verification and Signatures *(to be completed by the Academic Advisor or Authorized Secondary Approver)*

I confirm that the student is academically eligible to continue for the academic term that they have selected above. I will assist the student with enrolling in a full time course-load with on-ground presence for the duration of the academic term in which they return.

New Anticipated Program Completion term:

Semester Based Programs

- Fall (December 20)
- Spring (May 8)
- Summer (August 29)
- Other (i.e. thesis/dissertation)

Quarter Based Programs

- Fall (December 19)
- Winter (April 3)
- Spring (July 3)
- Summer (September 3)

Program Completion Year:

Part III: To be completed by the Academic Advisor and/or Authorized Secondary Approver: General

1. Academic Advisor or Graduate Program Director (required):

To the best of my knowledge, the information pertaining to this student is accurate and complete and represents the program requirements for program completion.

Print Name and Title: _____

Signature and Date: _____

2. Authorized Secondary Approver: General Request: required for Graduate students and all CPS students (if Academic Advisor is different from Authorized Secondary Approver)

To the best of my knowledge, the information is complete and represents the program requirements for program completion.

Print Name and Title: _____

Signature and Date: _____