

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

Name _____
Surname
Given Name

Northeastern ID: _____ Program/Major: _____

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

If you answer is 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 Academic Advisor, Graduate Program Coordinator or Authorized Secondary Approver: General Requests)

I confirm that the student is academically eligible to continue for the academic term that the student has selected above. I will assist the student with enrolling in a full time courseload with on-ground presence for the duration of the academic term selected.

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 (August 30)

Program Completion Year: _____

By signing below, you are confirming that the student can continue their program at Northeastern University.

Academic Advisor or Graduate Program Coordinator (required for all Undergraduate students excluding CPS):

Print Name & Title: _____

Signature: _____ Date: _____

Authorized Secondary Approver: General Requests (required for all Graduate students and all CPS students)

Print Name: _____ College: _____

Signature: _____ Date: _____