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

Name__________________________________________________________

Surname ___________________________ Given Name ___________________________

Northeastern ID: ________________________ Major: __________________________

Please indicate the term and the year that you want to come back:

☐ Fall  ☐ Winter  ☐ Spring  ☐ Summer I  ☐ Summer II  ☐ Summer (Full)  

Year: __________________________

Part II: Verification (to be completed by the Academic Advisor/SEVIS Contact)

☐ Please confirm that the student is academically eligible to return for the academic term that he/she has selected above by checking this statement.

☐ Based on the term selected above for resumption of classes, please select the expected date of program completion by checking the appropriate end date below.

Semester Based Programs

☐ Fall (December 20)  ☐ Fall (December 19)  

☐ Spring (May 8)  ☐ Winter (April 3)  

☐ Summer I (July 2)  ☐ Spring (July 3)  

☐ Summer II & Full Summer (August 29)  ☐ Summer (August 30)

☐ Other: __________________________ (i.e. Law school, thesis/dissertation)

Quarter Based Programs

Program Completion Year: __________________________

Part III: Signatures (to be completed by the Academic Department or SEVIS contact)

By signing below, you are confirming that the student can resume their program for the term stated above. By signing below, you are also acknowledging that this student will complete his/her academic program at the end of the term listed above.

Academic Advisor (required for Undergraduate students excluding CPS):

Print Name & Title: __________________________________________

Signature: __________________________________________ Date: __________________________

SEVIS contact (required for Graduate students and all CPS students) if your Academic Advisor is different from the SEVIS contact:

Name (please print): __________________________ College: __________________________

Signature of SEVIS contact: __________________________ Date: __________________________