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 (Full) Year: __________________________

Part II: Verification and Signatures (to be completed by the Academic Advisor or SEVIS contact)

☐ Please confirm that the student is academically eligible to continue for the academic term that he/she has selected above.

Anticipated Program Completion term:

Semester Based Programs
☐ Fall (December 20) ☐ Spring (May 8) ☐ Summer I (July 2)
☐ Summer II & Full Summer (August 29) ☐ Other: __________________________ (i.e. Law school, 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 (required for Undergraduate students excluding CPS):

Print Name & Title: __________________________

Signature: __________________________ Date: ________________

SEVIS contact (required for Graduate students and all CPS students)

Print Name: __________________________ College: __________________________

Signature: __________________________ Date: ________________