

Authorized Secondary Approver: General Requests Confirmation of Program End Date for Reinstatement/Readmission I-20 Request

Part I: Student Information (to be completed by the student)				
Namo				
NameSurname		Given Name		
Northeastern ID:	Program/Major:			
Are you enrolled in a full-time course load for t	he 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 (Full)	Year:		
Part II: Verification and Signatures				
(to be completed by Academic Advisor, Graduate Program Coordinator or Authorized Secondary Approver: General Requests				
Please confirm that the student is academically eligible to continue for the academic term that the student has selected above.				
Anticipated Program Completion term:				
Semester Based Programs	Quarter Based Programs			
Fall (December 20)	Fall (December 19)			
Spring (May 8)	Winter (April 3)	i I	Program Completion Year:	
Summer I (July 2)	Spring (July 3)	 		
Summer II & Full Summer (August 29)	Summer (August 30)			
Other:		, I I		
(i.e. School of Law, Thesis/Dissertation)				
By signing below, you are confirming that	the student can continue th	neir progran	n at Northeastern University.	
Academic Advisor or Graduate Program Coord	dinator (required for all Und	dergraduate	e students excluding CPS):	
Print Name & Title:				
Signature:			Date:	
Authorized Secondary Approver: General Req			nts and all CPS students)	

Print Name:	College:			
Signature:	Date:			

Office of Global Services, 354 Richards Hall, 360 Huntington Ave, Boston, MA 02115

northeastern.edu/ogs | ogs@northeastern.edu | (p) 617.373.2310 | (f) 617.373.8788