

Academic Advisor/SEVIS Contact Confirmation of Program End Date for Reinstatement/Readmission I-20 Request

Part I: Student Information (to be completed by	the student)	
Name	-	
		Name
Northeastern ID:	Major:	
Are you enrolled in a full-time course load for the cu	rrent term? Ye	es No
If you answer No, please indicate the next available.	able term and the year that you w	vill enroll full-time:
☐ Fall ☐ Winter ☐ Spring ☐ Summe	er (Full) Year:	
Part II: Verification and Signatures (to be comp	oleted by the Academic Advisor or SE	VIS contact)
☐ Please confirm that the student is academic he/she has selected above.	cally eligible to continue for the a	academic term that
Anticipated Program Completion term:		
Semester Based Programs	Quarter Based Programs	
☐ Fall (December 20)	☐ Fall (December 19)	
☐ Spring (May 8)	☐ Winter (April 3)	Program Completion Year:
☐ Summer I (July 2)	☐ Spring (July 3)	
☐ Summer II & Full Summer (August 29)	☐ Summer (August 30)	
☐ Other:	_(i.e. Law school, thesis/dissertat	ion)
By signing below, you are confirming that the st	udent can continue their progran	n at Northeastern University.
Academic Advisor (required for Undergraduate	e students excluding CPS):	
Print Name & Title:		
Signature:		Date:
SEVIS contact (required for Graduate students	and <u>all</u> CPS students)	
Print Name:	College:	
Signature:		Date: