



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/Authorized Secondary Approver)

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

Quarter 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)

Program Completion Year: _____

Part III: Signatures (to be completed by the Academic Department/Authorized Secondary Approver)

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: _____

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

Name (please print): _____ College: _____

Signature of SEVIS contact: _____ Date: _____