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) ☐ Summer (Full)

Year: ___________________________

Part II: Verification and Signatures *(to be completed by the Academic Advisor or Authorized Secondary Approver)*

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

Anticipated Program Completion term:

<table>
<thead>
<tr>
<th>Semester Based Programs</th>
<th>Quarter Based Programs</th>
<th>Program Completion Year:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Fall (December 20)</td>
<td>☐ Fall (December 19)</td>
<td></td>
</tr>
<tr>
<td>☐ Spring (May 8)</td>
<td>☐ Winter (April 3)</td>
<td></td>
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<tr>
<td>☐ Summer I (July 2)</td>
<td>☐ Spring (July 3)</td>
<td></td>
</tr>
<tr>
<td>☐ Summer II &amp; Full Summer (August 29)</td>
<td>☐ Summer (September 3)</td>
<td></td>
</tr>
<tr>
<td>☐ Other: ________________</td>
<td>(i.e. Law school, thesis/dissertation)</td>
<td></td>
</tr>
</tbody>
</table>

Part III: To be completed by the Academic Advisor and/or Authorized Secondary Approver: General

1. Academic Advisor or Graduate Program Director (required):
To the best of my knowledge, the information pertaining to this student is accurate and complete and represents the program requirements for program completion.

Print Name and Title: ____________________________________________________________________________

Signature and Date: ____________________________________________________________________________

2. Authorized Secondary Approver: General Request: required for Graduate students and all CPS students (if Academic Advisor is different from Authorized Secondary Approver)
To the best of my knowledge, the information is complete and represents the program requirements for program completion.

Print Name and Title: ____________________________________________________________________________

Signature and Date: ____________________________________________________________________________