

For students requesting an Initial I-20 after a status violation, a Reinstatement I-20, an Initial/Transfer I-20 after an academic dismissal, or for students returning from a leave of absence of more than 5 months and/or who are not eligible for Reactivation.

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

Year: _____

Part II: Verification and Signatures (To be completed by the Authorized Secondary Approver: General)

☐ I confirm that the student is academically eligible to continue for the academic term that they have selected above. I will assist the student with enrolling in a full time course-load with on-ground presence for the duration of the academic term in which they return.

New Anticipated Program Completion term:

Semester Based Programs

☐ Fall (December 23)

☐ Spring (May 8)

☐ Summer (August 29)

☐ Other (i.e. thesis/dissertation)

Quarter Based Programs

☐ Fall (December 19)

☐ Winter (April 3)

☐ Spring (July 3)

☐ Summer (September 3)

Program Completion Year:

Part III: Signature (To be completed by the Authorized Secondary Approver: General)

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To the best of my knowledge, the information is complete and represents the program requirements for program completion.

Print Name and Title:

Signature:

Date: