Northeastern University
Office of Global Services

Program Extension Request

Part I: Student Information (*To be completed by the student*)

Student Name: __SINGH   ANURAG__   Northeastern ID: __001220829__
            Last name   First name

Major: __INFORMATION   SYSTEMS__ Number of credits for the extended duration : __4__ hour(s)

Part II: Verification by Academic Department (*To be completed by the student's academic advisor or Graduate Program Director*)

❖ Please check one of the following to ensure the student's eligibility to request a program extension:

☐ This student has maintained full-time academic status during the regular academic terms and has been making satisfactory progress toward the successful completion of his/her program.

☐ This student could not maintain full-time status during the regular academic terms for the following
Reason(s): _____

❖ Please choose one of the following reason(s) for the extension request (*please be aware that delays in a program of study caused by* **academic probation** *or* **suspension** *are not acceptable reasons for program extension*):

☐ Change of major - the term when change of major was approved: _____

☐ Thesis/Dissertation Continuation

☐ Co-op/Internship

☐ Medical - A Medical Leave must have been granted by the University Health & Counseling Services (UHCS)

☐ Other - specify reasons: _____

Date of New Program Completion:

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/dissertation		

Part III: Signatures (*To be completed by the student's academic department*)

1. **Academic Advisor or Graduate Program Director (required):**

To the best of my knowledge, the information pertaining to this student is accurate and complete.

Print Name & Title: _____

Signature & Date: _____

2. **SEVIS contact:** required for <u>Graduate students and all CPS students</u> (if Academic Advisor is different from SEVIS contact).

To the best of my knowledge, the information pertaining to this student is accurate and complete.

Print Name & Title: _____

Signature & Date: _____ College/Graduate School: _____