



This form certifies the student's anticipated date of completion of a program of study. You will need to have part II and Part III filled out by your Academic department.

If this request is approved, OGS will adjust the end date of your program in SEVIS as listed on section II of this form. The processing time for this request is approximately 10 business days.

When do I need to use this form?

- A. If you will request for I-20 for Post-OPT recommendation and ultimately apply for OPT to the USCIS.
- B. If your I-20 or DS-2019 is valid longer than your expected program completion term **and you do not plan to apply for Post Completion OPT.**
- C. If you are requesting Change of Education Level under two circumstances:
 - from PhD to a Master's program in a Graduate School **OR**
 - from a Certificate to a Master's program in CPS

How do I submit this request?

After getting Part II and III completed by your Academic department, you need to submit the request via appropriate eform.

- If you are applying for Post-OPT recommendation I-20, go to the request for [OPT recommendation I-20 request eform](#) and submit this form along with other required documents. Please see details about Post-OPT from [here](#).
- If you want to request a new I-20/DS-2019 based on reason B or C, submit the [I-20/DS-2019 Program Completion request eform](#).



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

Name _____
Surname Given Name

Northeastern ID: _____ Major: _____

Part II: Verification (to be completed by the Academic Advisor or Program Director)

- ☐ This student is seeking a change of degree level from PhD to a Master's program in a Graduate School, or from a Certificate to a Master's program in the College of Professional Studies.
- ☐ This student has maintained full-time academic status during the regular academic terms and has been making satisfactory academic progress toward the successful completion of their program.
- ☐ This student could not maintain full-time status during the regular academic terms for the following reason(s):

Program Completion term:

Semester Based Programs

☐ Fall (December 20)

☐ Spring (May 8)

☐ Summer I (July 2)

☐ Summer II & Full Summer (August 29)

☐ Other: _____ (i.e. Law school, thesis/dissertation)

Quarter Based Programs

☐ Fall (December 19)

☐ Winter (April 3)

☐ Spring (July 3)

☐ Summer (August 30)

Program Completion Year:

IMPORTANT: According to immigration regulations, on-campus employment and Graduate Assistantships **must end** by the end of the term in which you are enrolled. Your current I-9 will be adjusted accordingly.

Part III: Signatures (to be completed by the Academic Department and Dean/SEVIS contact)

By signing below, you acknowledge that this student will complete his/her academic program at the end of the term listed above. Please **do not sign** this form if the student does not meet the criteria to successfully complete by this time.

Academic Advisor or Program Director (required):

Print Name & Title: _____

Signature: _____ Date: _____

Dean/SEVIS contact (required for Graduate students and all CPS students if your Academic Advisor is different from the SEVIS contact):

Name (please print): _____ College: _____

Signature of Dean/SEVIS contact: _____ Date: _____