

Instructions: Complete Parts 1 and 2. Obtain the necessary signatures in Part 3. Return the completed form to the Advising Office. Advising Office should forward approved requests to Registrar's Office, 120 HA, for processing.

PART 1—STUDENT INFORMATION

Name (Last) _____ (First) _____ NUID _____
Program _____ College _____
E-Mail _____ Phone _____
Student's signature _____ Date _____

PART 2—PURPOSE OF PETITION

Change pattern of attendance to _____ Year in pattern (circle one): 1 2 3 4 5 6
 Change enrollment status to _____
 Change graduation year to _____
Effective term: Fall Spring Summer 1 Summer 2 Year 20_____

PART 3—SIGNATURES

Primary advisor: Academic Student Services

Signature _____ Print name _____ NUID (needed for FACT) _____
Secondary (faculty) advisor: or Co-op Advisor

Signature _____ Print name _____ NUID (needed for FACT) _____

ADVISING OFFICE USE ONLY

Advising office representative must fill in information below for request to be processed.
Effective term: Fall Spring Summer 1 Summer 2 Year 20_____
Pattern-of-Attendance Code (see www.neu.edu/registrar/ref-udc-poa-ugd.pdf) Year in Pattern (circle one): 1 2 3 4 5 6

REGISTRAR'S OFFICE

Received by _____ Date _____
Processed by _____ Date _____