

**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:  
\_\_\_\_\_  
Signature \_\_\_\_\_ Print name \_\_\_\_\_ NUID (needed for FACT) \_\_\_\_\_  
Secondary (faculty) 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 \_\_\_\_\_