Instructions: The admitted student completes Part 1 and meets with the advisor to obtain the signature for Part 2. The advisor then routes the form to the graduate school or graduate dean. Upon final approval, the graduate school or graduate dean informs the Registrar’s Office. Note: A maximum of 16 undergraduate semester hours of credit may be waived via graduate course sharing—see optional table below.

PART 1—INFORMATION FOR ADMITTED STUDENTS
Name (Last) __________________________ (First) __________________________ NUID ____________________________________________

Current program __________________________ Current college __________________________

E-mail __________________________ Phone __________________________________________

Student's signature __________________________ Date __________________________

PART 2—UNDERGRADUATE ADVISOR APPROVAL
Enter the above student into the following master’s program: __________________________

PlusOne entry term: ☐ Fall ☐ Spring ☐ Full Summer ☐ Summer 1 ☐ Summer 2 Year 20____

Graduation date for undergraduate program: ☐ December ☐ May ☐ August Year 20____

Signature of undergraduate advisor __________________________ Print name __________________________ Date __________________________

PART 3—GRADUATE APPROVAL
Please complete one of the following options:
☐ Option 1: The table below lists graduate courses taken as an undergraduate that should appear on both the undergraduate and graduate transcripts as part of course credit sharing (maximum of 16 semester hours).
☐ Option 2: This program does not use course credit sharing.

<table>
<thead>
<tr>
<th>Term in which course was taken</th>
<th>CRN</th>
<th>Course number</th>
<th>Title</th>
<th>Credit</th>
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New Program Code (see www.neu.edu/registrar/ref-udc-prg-maj-cnc.xls) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Effective as of: ☐ Fall ☐ Spring ☐ Full Summer ☐ Summer 1 ☐ Summer 2 Year 20____

Expected graduation date for graduate program: ☐ December ☐ May ☐ August Year 20____

Catalog year for graduate program: 20____

Signature of departmental graduate coordinator __________________________ Print name __________________________ Date __________________________

Signature of/for graduate dean __________________________ Print name __________________________ Date __________________________

REGISTRAR’S OFFICE

Received by __________________________ Date __________________________ Processed by __________________________ Date __________________________