CHANGE OF MASTER’S DEGREE PROGRAM/CONCENTRATION FOR BSMS STUDENTS

PART I. To be completed by the Student:

Name: _____________________________________________________________________________

Last or Family Name: ______________
First or Given Name: ______________
Middle Name: ______________

NU ID: ____________________________
E-Mail: ____________________________

Current BSMS Program and MS Concentration: ____________________________

Check that Applies:  ☑ Domestic  ☐ International

Check ONE:

☑ Requesting to transfer from one MS program to another MS program:

This is only possible with approved BS/MS combinations found here: http://www.coe.neu.edu/advising/flexible-degree-programs

New Program and Concentration: ____________________________

New Expected Graduation Date: _______Fall 2022__________

☐ Requesting to transfer from one concentration to another within the same MS degree program:

New Program and Concentration: ____________________________

New Expected Graduation Date: ____________________________

(Please note that program changes approved by the Graduate School of Engineering will be effective for the term following the current term)

____________________  ______________________
Student Signature  Date Signed

PART II. To be completed by the student and the student’s Program Contact of the new MS program:

List completed or current NEU graduate courses that you wish to count toward your new MS program for advisor consideration. Courses not listed below or not advisor-approved will not count toward your new MS program.

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Term</th>
<th>Course #</th>
<th># Credits</th>
<th>Department Approval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engineering Probability and Stats</td>
<td>Spring 2021</td>
<td>IE 6200</td>
<td>4</td>
<td>☑ YES  ☐ NO</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☐ YES  ☐ NO</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☐ YES  ☐ NO</td>
</tr>
</tbody>
</table>
PART III. To be completed by the Undergraduate Academic Advisor, Program Contact and the Graduate School:

1. Undergraduate Academic Advisor:

Recommendation: [X] Approved   [ ] Denied

Comments:

__________________________
UG Advisor Review

__________________________
Name

__________________________
Signature

__________________________
Date Signed

Title:

Email:

2. Program Contact:

Recommendation: [X] Approved   [ ] Denied

Comments:

__________________________
Program Contact Review

__________________________
Name

__________________________
Signature

__________________________
Date Signed

Title:

Email:

3. Graduate School of Engineering:

Recommendation: [X] Approved   [ ] Denied

Comments:

__________________________
Graduate School Review

__________________________
Name

__________________________
Signature

__________________________
Date Signed

Title:

Email: