



**Northeastern University  
College of Engineering**

Graduate School of Engineering  
130 Snell Engineering Center  
Northeastern University  
360 Huntington Avenue  
Boston, Massachusetts 02115-5000

Phone: 617.373.2711  
Fax: 617.373.2571  
Web: <http://www.coe.neu.edu/graduate-school/graduate-student-services>

**CHANGE OF DEGREE PROGRAM/CONCENTRATION**

**PART I. To be completed by the Student:**

Name: Snell Sydney \_\_\_\_\_  
Last or Family Name First or Given Name Middle Name

NU ID: 001234567 Current Program/Concentration: MS Engineering

E-Mail: Snell.s@northeastern.edu

**Check All That Apply:**

- BS/MS     PhD     Part-Time     Domestic     Certificate Only  
 MS     Full-Time     International     Special Student

Check **ONE**:

Transfer from one MS program to another MS program. **New Program and Concentration:** \_\_\_\_\_

Transfer from one PhD program to another PhD program. **New Program:** \_\_\_\_\_

Transfer from one concentration to another within the same MS degree program. Do not complete a new application. **New Concentration Requested:** \_\_\_\_\_

New Expected Graduation Date (semester/year): Fall 2022

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

Sydney Snell  
Student Signature

\_\_\_\_\_  
Today's Date  
Date Signed

**PART II. To be completed by the Student and the destination or requested Program Contact:**

Please list completed or current Northeastern University courses that you wish to count toward your new program for advisor consideration. Courses not listed below or not advisor approved will not count toward your new program.

Course Name	Term	Course #	# Credits	Department Approval
Engineering Probability and Stats	Spring 2021	IE 6200	4	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

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**PART III. To be completed by the Program Contact and the Graduate School:**

**1. Program Contact:**

Recommendation:     Approved     Denied

Comments:

\_\_\_\_\_  
Program Contact Review

Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date Signed

Title:

Email:

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**2. Graduate School of Engineering:**

Recommendation:     Approved     Denied

Comments:

\_\_\_\_\_  
Graduate School Review

Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date Signed

Title:

Email:

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