CHANGE OF DEGREE PROGRAM/CONCENTRATION

PART I. To be completed by the Student:

Name: ___________________________          ___________________________

Last or Family Name                      First or Given Name

NU ID: ____________________________

Current Program/Concentration: ________________

E-Mail: _____________________________________

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): ____________________________

(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.

<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>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☐ YES   ☐ NO</td>
</tr>
</tbody>
</table>
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: ___________________________________________

2. **Graduate School of Engineering:**

   Recommendation:  ☑ Approved  ☐ Denied

   Comments:

   ____________________________________________________
   Graduate School Review
   Name _____________________________________________
   Signature _________________________________________
   Date Signed ______________________________________

   Title: ___________________________________________
   Email: ___________________________________________