Northeastern University Office of the University Registrar

PlusOne Transition to Master's

Office Location: 271 Huntington Avenue • Phone: 617.373.2300 • Fax: 617.373.5351 • registrar@neu.edu • www.northeastern.edu/registrar Mailing Address: Northeastern University, ATTN: Office of the Registrar, 230-271, 360 Huntington Avenue, Boston, MA 02115-5000

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 in Part 3.

PART 1—INFORMATION	ON FOR AD	MITTED STU	JDENTS				
Name (Last) Snell			(First) Sydney		NUID 001234567		
Current program BS E	ngineerin	3			Current college	College of Eng	<u>ineering</u>
E-mail snell.s@no	<mark>rtheaste</mark> r	n.edu	Form Submission Type: updated		Phone XXX-XXX-XXXX		
PART 2—COMPLETED	BY STUDE	NT AND APE	PROVED BY UND	DERGRADUATE AD	VISOR		
Enter the above student						Concentration:	ELCE
PlusOne program/track admit term as an undergraduate student: (The PLON attribute will be added							
Tidsone program/track	□ Fall	Spring	Full Summe		☐ Summer 2	Year 20 22	
Expected graduation da			■ December	□ May	☐ August	Year 20 22	
UG Advisor		[3		UG Advisor			XX/XXXX
Signature of undergrad	uate advisor			Print name		Date	
PART 3—COMPLETED	BY STUDE	NT AND APP	PROVED BY GRA	DUATE ADVISOR			
Please complete one of	f the followin	g options:					
☐ Option 1: The table b	_			-	lld appear on both	the undergraduat	e and
graduate transcripts as	-						
Shared courses will app			-	audit in the PlusOne	requirement section	on.	
☐ Option 2: This progra	am does not		ů ,				
Term in which course was taken	CRN	Course	number		Title		Credit
Fall 2022	XXXXX	ENGXXXX	Cour	se Title			4.0
		7					
							_ <u></u>
Master's program code:			إبالإلاإ		Concentration co		
For an online list of prog							
First term in Master's:	☐ Fall	■ Spring	☐ Full Summe		☐ Summer 2	Year 20 <u>23</u>	
Expected graduation da			▼ December	□ May	☐ August	Year 20 <u>23</u>	
Catalog year for Master	r's program: __	2022-2023		<u> </u>			
Signature of departmen	ntal graduate	coordinator	Print r	name		Date	
Signature of departmental graduate coordinator Grad Advisor			Grad Advisor			XX/XX/XXXX	
Signature of/for gradua	te school		Print name			Date	
REGISTRAR'S OFFIC							
grt			XX-XX-XXXX	grt		XX	-XX-XXX
Received by		-	Date	Processed by		<u>202</u>	