

Study Abroad Program Modification Request Form

Student Information (Student)

Student Name: _____ Student NU ID: _____

Student Email: _____ Current Program Name: _____

Student Home College: _____ Program Term and Year: _____

Requested Program Modification (Check one)

Program Withdrawal Program Change: _____
(Name of new program)

Reason for Requested Program Modification (Check one)

Courses Medical Other: _____
 Co-op Visa
 Financial Leave of Absence

Please Explain:

Program Modification Agreement (Please read thoroughly and sign below)

By signing and submitting this form, I request that Northeastern University make the requested program modification listed above.

I understand that this change may take several business days to take effect in Banner from the date this form is received by the Study Abroad and Exchange Team. The date the form is received by the Study Abroad and Exchange Team is the official date of program modification.

I understand and agree to the withdrawal policies specific to my program as well as the study abroad withdrawal policies. I am aware that I may be responsible for any withdrawal charges and/or non-recoverable costs of the program and understand that these costs may be significant.

I understand and agree to the application and requirement deadlines set by both Northeastern and my host institution.

I understand that it is my responsibility to notify my Academic Advisor, Honors (if applicable), and the Office of Global Services (if applicable) of my change in plans.

Student Signature: _____ **Date:** _____