

Program Modification Request

Email your completed form to geo@northeastern.edu. All fields are required.

Student Information

Name _____
 NU ID _____
 NU Email _____
 College _____

Program Information

Program name _____
 Program type _____
 Program term _____
 example: Fall 2026

Requested Modification

Withdraw from program
 Change programs (enter new program name below)

Reason(s) for Request

Courses Visa
 Co-op Leave of absence
 Financial Other _____
 Medical

Please elaborate on the reason for your request (300 characters max):

Program Modification Agreement – *Please read carefully and sign below.*

By signing and submitting this form, I request that Northeastern University make the 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 Global Experience Office. The date the form is received by the Global Experience Office is the official date of program modification.

I understand and agree to the withdrawal policies specific to my program as well as general GEO 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 (if applicable).

I understand that it is my responsibility to notify my academic advisor as well as other applicable offices (including Honors and the Office of Global Services) of my change in plans.

Student signature _____

Date _____