Northeastern University

PlusOne Transition to Master's

Office of the University Registrar

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 sharingsee optional table in Part 3.

PART 1—INFORMATION FOR ADMI	TTED STU	DENTS					
Name (Last)	(First)	NUID				
Current program				Current college			
E-mail				_Phone			
PART 2-UNDERGRADUATE ADVIS	OR APPRC	VAL					
Enter the above student into the following	ng master's p	program:					
PlusOne program/track admit term as a	an undergrad	luate student: (The	PLON attribute wil	l be added for this	term)		
□ Fall	□ Spring	□ Full Summer	□ Summer 1	□ Summer 2	Year 20_		
Expected graduation date for bachelor's program:		December	□ May	□ August	Year 20_		
Signature of undergraduate advisor	Print name				Date		
PART 3—GRADUATE APPROVAL							
Please complete one of the following o	ptions:						
Option 4. The table below lists and					سمير مام مريد مراف	امحد مغمينامم	

Option 1: The table below lists graduate courses taken as an undergraduate that should appear on both the undergraduate and graduate transcripts as part of course credit sharing (maximum of 16 semester hours).

Shared courses will appear in the student's undergraduate degree audit in the PlusOne requirement section.

Option 2: This program does not use course credit sharing.

Term in which course was taken	CRN	Course number		Title					Credit
Master's program code: For an online list of prog		see <u>registrar.n</u>	ortheaster	n.edu/artio	cle/program-major	Concentration co			
First term in Master's:	□ Fall	□ Spring	🗆 Full S	Summer	□ Summer 1	□ Summer 2	Year 20_		
Expected graduation da	ate for Maste	r's program:		ember	🗆 Мау	□ August	Year 20_		
Catalog year for Master	's program: _								
Signature of departmental graduate coordinator			Print name				Date		
Signature of/for graduate school			Print name				Date		
REGISTRAR'S OFFIC	Ξ								
Received by			Date		Processed by			Date	