Northeastern University
College *of* Professional Studies

OFFICE OF ACADEMIC & STUDENT SUPPORT SERVICES
280 Ryder Hall ◆ 360 Huntington Avenue ◆ Boston, MA 02115
www.cps.neu.edu ◆ Tel: 617-373-2400 ◆ Fax: 617-373-5545

APPLICATION TO RE-ENTER AN ACADEMIC PROGRAM

USE OF THIS FORM: to apply for re-entry into an academic program because your studies have been interrupted for a period of one academic year or more

INSTRUCTIONS:
Complete the form below and submit to the Office of Academic & Student Support Services. CPS reserves the right to require additional information as part of your re-entry request.

PART I. STUDENT INFORMATION

Student name:_____
Last (Family name) *First (Given name)* *Middle Initial*

Mailing address:_____
Street *City* *State* *Zip code*

Email address:_____ Student ID: 000-_____

Primary telephone number: (_____)_____

Could your file be under a different name? ☐ Yes ☐ No
If yes, please provide the name._____

PART II. RE-ENTRY

I was formerly enrolled in a ☐ certificate ☐ degree program in:_____
(Name of program)

I would like to seek re-entry into ☐ same program ☐ another program: _____

Did CPS award you transfer credits? ☐ Yes ☐ No When?_____

I understand that because my studies have been interrupted for a period of one academic year or more, I am expected to meet the requirements of the most current program curriculum at the time of re-entry.

_____ _____
Student signature *Date*

FOR OFFICE USE ONLY
Date assigned_____ Assigned to:_____

Signature: _____ Date completed_____ Request: ☐ Accepted ☐ Denied
Comments: