INSTITUTIONAL CERTIFICATION FORM
(Must be completed by all High School Students)

TO BE COMPLETED BY THE INSTITUTION:

This is to certify that: ___________________________________________________________

Name of Applicant

Is a student in good standing* at: __________________________________________________

Name of Institution

Street City State Zip

and is eligible to return to this institution in the fall term 2009, and has permission to enroll in courses in Summer Session at Northeastern University.

SIGNATURE OF OFFICIAL (Seal of the institution must be applied over the signature.)

________________________________________

TITLE

DATE

*Or will have graduated from this institution before attending Summer Session at Northeastern University.

INSTRUCTIONS:

1. This form must be sent by the issuing institution directly to:
   
   College of Professional Studies
   Northeastern University
   Attn: Summer Session
   41 Belvidere
   360 Huntington Avenue
   Boston, MA 02115

2. This form must be signed by the guidance counselor, principal, or dean of the issuing institution.

3. The seal of the issuing institution must be applied over the signature.