

Email completed form to [registrar@northeastern.edu](mailto:registrar@northeastern.edu)  
Phone: 617.373.2300 • Fax: 617.373.5351 • [www.northeastern.edu/registrar](http://www.northeastern.edu/registrar)

**Campus Transfer and Location Change Guidelines**

Students who wish to transfer to a different Northeastern campus are encouraged to submit transfer request with their college one month prior to the start of the effective semester. The form is for continuing students only. Students who have not yet started their program should contact the admissions office.

Official Campus Transfer: students may request an official campus transfer from their School/College to complete their degree program

Campus Location Change: students may request a **campus location change** to a new campus (the Host campus) for a period no longer than one academic year (2 consecutive semesters or 3 consecutive quarter terms) and no more than 50% of a degree of a program.

Canadian Campus: Post-Grad Work Permit (PGWP) requires 51% of degree completion from within Canada

**International students: Must request approval and issuance of new I-20 no later than the add/drop deadline when they will have an official campus transfer. They must submit their [request](#) to the Office of Global Services (OGS) immediately.**

**STUDENT INFORMATION/SIGNATURE**

Last name \_\_\_\_\_ First name \_\_\_\_\_  
NUID \_\_\_\_\_ – \_\_\_\_\_ Email \_\_\_\_\_  
Current Program \_\_\_\_\_ Current College \_\_\_\_\_  
Student signature \_\_\_\_\_ Date \_\_\_\_\_

**CHOOSE ONE OF THE FOLLOWING:**

**Campus Transfer**

Term:  Fall  Winter  Spring  Summer 1  Summer 2  Full Summer Year \_\_\_\_\_

Target Campus \_\_\_\_\_ Current Campus \_\_\_\_\_

**Location Change** (2 consecutive semesters or 3 consecutive quarter terms)

Effective Term:  Fall  Winter  Spring  Summer 1  Summer 2  Full Summer Year \_\_\_\_\_

Return Term:  Fall  Winter  Spring  Summer 1  Summer 2  Full Summer Year \_\_\_\_\_

Acknowledgement (international student only):

I understand that I will have to contact OGS separately to review my immigration status and submit all required documents (OGS e-form and intercampus transfer clearance letter)

Initials and Date \_\_\_\_\_

**ADVISOR/GRADUATE SCHOOL SIGNATURES**

Advisor/program director signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

Graduate school signature (College of Science only): \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

**Note:** the completed form should be submitted by the student's advisor or program director to the Registrar's Office.