

Request for Change of Admission Term

For Undergraduate and Post Baccalaureate Students

Complete this form if you are a newly admitted student or have recently applied but have not been admitted and wish to change the term of your admission application.



NORTHEASTERN
STATE UNIVERSITY

Change of Admission Term Policy:

1. The change of admission term form may only be used to **move one consecutive term** from the **original term** of admission (i.e. Spring to next or previous Fall).
2. **If you will be attending another institution** during the semester/term you applied to attend NSU, **you will need to reapply and submit an additional transcript from that institution.**

Student Information (Please Print)

Last Name		First Name	NSU ID (If Known)
Street Address			Phone
City	State	ZIP	DOB
Email Address			

Update of Application Information

NSU Campus you plan to attend:	<input type="checkbox"/> Broken Arrow	<input type="checkbox"/> Muskogee	<input type="checkbox"/> Tahlequah
Term of original application:	<input type="checkbox"/> Fall (Aug. - Dec.) <small>Year</small>	<input type="checkbox"/> Spring (Jan. - May) <small>Year</small>	<input type="checkbox"/> Summer (June - July) <small>Year</small>
Please change admission term to:	<input type="checkbox"/> Fall (Aug. - Dec.) <small>Year</small>	<input type="checkbox"/> Spring (Jan. - May) <small>Year</small>	<input type="checkbox"/> Summer (June - July) <small>Year</small>

Have you ever been suspended or expelled from any college or university? N Y

If yes, please explain. _____

Have you ever been convicted of a, pled guilty or no contest to, or are you currently on a deferred sentence to a felony offense? N Y

If yes, please explain. _____

Will you be attending another school during the semester you originally applied to NSU? N Y
(If yes, then you will need to reapply and submit transcripts from that institution)

Please indicate the school you will be attending: _____

Statement of Understanding

My signature on this form certifies that I am requesting to change my term of admission to Northeastern State University and that I agree to the conditions stated in the Change of Admission Term Policy stated above.

Signature _____ Date _____

Please return this form to the mailing or email address below or fax to: 918.458.2342
Admissions & Recruitment, Northeastern State University 701 N Grand Ave., Tahlequah, OK 74464-2300 || 918.444.4675 || admissions@nsuok.edu

For Office Use Only

Approved by: _____ Date Received: _____
Date Application Moved: _____ Term Switched to: _____