ACADEMIC ADVISOR’S RECOMMENDATION FOR EXTENSION OF TIME FOR A PROGRAM OF STUDY

FAMILY Name: ___________________________________ FIRST Name: _________________________________

Date: ________ Student ID #: ______________________ SEVIS ID #: ____________________________

Current Address: _____________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Phone #: _______________________ E-mail: _________________________________________

Degree B.S. / B.A. _____ Master _____ Doctorate _____ Credits Accumulated to Date: ___________

Anticipated Completion Date: ________________ Completion Date on Current I-20: ______________

Academic Advisor or Departmental Head
This form is provided for your convenience and is designed to facilitate the communication of certain information required by regulations of the USCIS. The foreign student whose name appears above wishes to apply for an extension of the time allocated for completion of his or her program of study. Please complete form in full and return it to the Office of International Student Services.

1. The student is engaged in the following academic program:

   Major: __________________________ Degree: ________________________________

   Number of credits required for degree: ______________________________________

   Semester/Year expected to complete program of study (month/day/year): ______________

   Ph. D. Students: Date of Candidacy Exam: ______________ Date of Comprehensive Exam: ____________

2. Is this student making normal progress towards his or her current degree?  ☐ Yes  ☐ No

3. Do you recommend this student be given additional time to continue his or her studies?  ☐ Yes  ☐ No

4. This student as not yet completed the current program of study due to (please check all that apply):
   ☐ The academic advisor underestimated the amount of time amount of time required for student to complete the course of study
   ☐ Delay caused by a change in major field of study
   ☐ Delay caused by a change in topic
   ☐ Delay caused by unexpected research problems
   ☐ Delay caused by lost credits upon transfer to our school
   ☐ No usual delay. The original length of time given to complete studies was not reasonable for an average student in this program
   ☐ Other (please explain on the reverse side of this form)

   Academic Advisor: __________________________________ Signature: __________________________ Date: __________

   Email: __________________________________________ Phone #: ____________________________

To be completed by the International Student Advisor
Approved by International Student Advisor: __________________________________ Date: ______________