Academic Advisor’s Recommendation for Extension of Time Limitation for Program of Study

Student Name: ________________________________________________________________

UID#: __________________

Program end date as listed on I-20: ______________________________

Academic Advisor: In order for the student to maintain F-1 status, we ask that you please verify student’s program completion date and select the reason (under item #3) for the extension. Any questions you may have can be directed to the International Students and Scholars Office, ext. 1368. Please complete this form in full and return it to the International Student Advisor. Thank you for your assistance.

1. Has this student been continuously enrolled for a full course of study? ___ Yes ___ No

2. This student will complete requirements for his/her current program on or about: ______________ (month/day/year)

3. This student has not yet completed the current program of study due to (please check all reasons which apply):

   ______ Delay caused by a change in the major field of study
   ______ Delay caused by a change in research topic
   ______ Delay caused by unexpected research problems
   ______ Delay caused by lost credits upon transfer to our school
   ______ No unusual delay. The original length of time given to complete studies was not reasonable for an average student in this program
   ______ Other; please explain:

   I therefore recommend that this student be allowed additional time to complete studies:

   Academic Advisor’s Signature: ______________________________________________________

   Name and Title (please print): ______________________________________________________

   Department (please print): ______________________________________________________

   Date: __________________________

Date forwarded to advisor: ___________ Date received from advisor: ___________