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

To be completed by the Student:

Date __________ Student ID# _____________ E-mail ________________________________
Family Name ___________________ First Name ____________________________
Local Address __________________________ Local Phone # ____________________

To be completed by the Faculty:

Academic Advisor or Department Head: This form is provided for your convenience and is designed to facilitate the communication of certain information required by regulations of the U.S. Citizenship and Immigration Services (USCIS). The international 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 the form in full and return it to the International Student Advisor at International Student Services.

1. The student is engaged in the following academic program:
   Degree _________________________________________________________________
   1st Major _________________________ 2nd Major _____________________________
   1st Minor _________________________ 2nd Minor _____________________________
   Number of credits required for degree __________________
   Semester/Year expected to complete program of study (month/day/year): _____________
   Date of oral comprehensive exam: __________________
   Date of written comprehensive exam: _________________
   Date of capstone / thesis: ____________________________

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 has not yet completed the current program of study due to (please check all that apply):
   □ Delay caused by a change in 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: ___________________________________________________________________

__________________________________________________________________________

Signature __________________________________________________________________
Title _____________________________________________________________________
Date _____________________________________________________________________

Print Name ____________________________ Campus Address _______________________
Phone Extension ______________________

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