
INTERNATIONAL CENTER

**ACADEMIC ADVISOR'S RECOMMENDATION FOR
EXTENSION OF TIME FOR A PROGRAM OF STUDY**

LAST NAME _____ FIRST NAME _____

STUDENT I.D. # _____ MAJOR _____

ADDRESS _____

E-MAIL _____ PHONE # _____

Academic Advisor or Department Head: The international student whose name appears above wishes to apply for an extension of time in order to complete his or her program of study. This form is provided for your convenience and is designed to facilitate the communication of certain information required by the U.S. Citizenship and Immigration Service. **Please complete both this sheet and the attached and have the student return it to the International Center, Building 58E / Room 2300.**

1. The student is engaged in the following academic program:
Major _____ Degree _____
Student still needs _____ credits to complete all coursework (excluding thesis, dissertation, or equivalent requirement).
Date expected to complete program of study (month/year) _____
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 (check all that apply):
 change in major field of study (new major) _____
 change in research topic
 unexpected research problems
 lost credits upon transfer to our school
 original length of time given to complete studies was not reasonable for an average student in this program.

Advisor/Dept. Head - Signature _____ Title _____ Ext. # _____

Advisor/Dept. Head - Print Name _____ Date _____

REQUEST FOR EXTENSION OF STUDIES
Course Plan for Graduation

LAST NAME _____

FIRST NAME _____

STUDENT I.D. # _____

Academic Advisor or Department Head: The international student whose name appears above wishes to apply for an extension of time in order to complete his or her program of study.

Please complete the section below by indicating the courses remaining (in the next three terms) for completion of studies. Please return this form to the International Center, Building 58E / Room 2300.

Summer / Fall / Spring 20____ : Course 1 _____
Course 2 _____
Course 3 _____
Course 4 _____
Course 5 _____

Summer / Fall / Spring 20____ : Course 1 _____
Course 2 _____
Course 3 _____
Course 4 _____
Course 5 _____

Summer / Fall / Spring 20____ : Course 1 _____
Course 2 _____
Course 3 _____
Course 4 _____
Course 5 _____

If more semesters are needed please comment here:

Advisor/Dept. Head - Signature

Title

Ext. #

Advisor/Dept. Head - Print Name

Date

Revised 04/2011