



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

Student Name: _____

R-card Number: _____

Program End Date on Current Form I-20: _____

Academic Advisor: This form is provided to facilitate the communication of certain information required by regulations of the U.S. Citizenship and Immigration Service (USCIS). Its completion is needed for a student in F-1 status to be granted an extension of the time originally allowed for the program completion for the student's current program of study. Any questions you may have can be directed to the Office of International Student & Scholar Services (OISSS). Please complete this form in full and return it to the OISSS, Box 2780. Thank you for your assistance.

1. Has this student been continuously enrolled for a full course of study? ___ Yes ___ No
If no, reason why: _____

2. This student will complete requirements for his/her current program no later than: _____
(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 on the reverse side of this form)

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: _____

Extension of Program End Date Granted: _____ DSO Signature: _____