



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

DATE STUDENT ID # E-MAIL

FAMILY NAME FIRST NAME

LOCAL ADDRESS TELEPHONE #

DEGREE B.S./B.A. Master Doctorate CREDITS ACCUMULATED TO DATE

ANTICIPATED COMPLETION DATE COMPLETION DATE ON CURRENT 1-20

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. Immigration and Naturalization Service (INS). 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 the form in full and return it to the Foreign Student Advisor at the International and Study Abroad Center.

- 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 Ph.D. Students: 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 has not yet completed the current program of study due to (please check all that apply): The academic advisor underestimated the 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 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)

Academic Advisor Print Name Date

Address Phone #

C. To be completed by the International Student Adviser

Approved by International Student Advisor: Date