Academic Advisor’s Recommendation Form for Extension of Time for a Program of Study

Student’s Name: ________________________________________________________________

Student ID number: ________________________ Degree Program________________________

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Academic Advisor: Please indicate &/or verify correct information below and return the completed form
to Brent Wilkinson, DSO in Admissions Office – Ext 6-6897

1. Anticipated Completion Date: Was________________________
   Change to ____________________________

2. Was the student ever on Academic Probation or Academically Suspended?  Yes_______ No_______

3. Verify Statement: The remaining course work is required for the student’s educational program?
   Yes_______ No_______

4. I anticipate this student will complete all requirements for the current program of study
   by ______  _______  _______ month day year

5. This student has not yet completed the current program of study due to
   (please check all reasons which apply):
   _____ Delays caused by a change in major field of study
   _____ Delays caused by a change in research topic
   _____ Delays caused by lost credits upon transfer to our school
   _____ Other (please explain)________________________________________________________

6. I, therefore, recommend that this student be allowed additional time to complete his/her required studies.
   Advisor’s signature________________________________________ Date___________
   Name and Department________________________________________
         (please print)

For DSO Use Only

Academic Probation?  Yes_______ No_______  Full-time?  Yes_______ No_______
Financially OK? Yes_______ No_______  Required course work? Yes_______ No_______
Decision: ____________________________  Colleague Record Changed: ___________________
Date: _______________________________  Initials: ________________________________

Updated: 12/8/21