

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

Student's Name: _____

Student ID number: _____ Degree Program _____

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

Updated: 12/8/21

Academic Probation? Yes _____ No _____	Full-time? Yes _____ No _____
Financially OK? Yes _____ No _____	Required course work? Yes _____ No _____
Decision: _____	Colleague Record Changed: _____
Date: _____	Initials: _____