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: This form is provided for your convenience and is designed for facilitate the communication of certain information required by regulations of the U.S. Citizenship & Immigration Services (USCIS). Its completion is required for a foreign student in F-1 status to apply for an extension of the time limitations cited on the current SEVIS Form I-20.

Please complete this form in full and return it to: Jo Cooper, Admissions Office – Ext 6-6897

Anticipated Completion Date: Was________________________ Changed to ________________________

Was the student ever on Academic Probation or Academically Suspended?

Yes_______ No_______

Current Status:

1. I anticipate that this student will complete all requirements for the current program of study on or about _______ _______ _______

2. 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) ________________________________________________

I, therefore, recommend that this student be allowed additional time to complete studies.

Advisor’s signature________________________________________ Date___________

Name and Department__________________________

(please print)

For Office Use Only

Updated: 4/28/11

Academic Probation? Yes_______ No_______ Full-time? Yes_______ No_______

Financially OK? Yes_______ No_______

Decision: _____________________________ Datatel Record Changed: ____________

Date: ________________________________ Date: ________________________________

Initials: ______________________________ Initial: ______________________________