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

Instructions: Students should complete the top portion of the form and then send it to Traci Rohl (traci.rohl@calvin.edu) in the Registrar's Office for completion and approval. *Please note that extensions can be approved for no more than 1 year at a time.*

Name: _____ SEVIS ID (from I-20): _____

Calvin ID number: _____ Program End Date on I-20: _____

Please change my end date to: _____

Reason for this change: _____

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Graduation Advisor: Please indicate &/or verify correct information below and return the completed form to Jim Wilder, jim.wilder@calvin.edu

1. *Anticipated Completion Date*: Was_____

   Change to _____

2. *Was the student ever on Academic Probation or Academically Suspended?* Yes☐ No☐

3. ***Verify Statment****:* The remaining in-person course work is required for the student's educational program?

   Yes☐ No☐

4. *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 recommend that this student be allowed additional time to complete his/her required studies.

Graduation Advisor's Signature_____

Date_____