

**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 Jim Wilder, DSO in Admissions Office: 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 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: _____