

ACADEMIC ADVISOR'S RECOMMENDATION FOR INTERNATIONAL STUDENT PROGRAM EXTENSION

Student Name: _____ **Student ID #** _____
[Last Name] [First Name] [Middle Name (if applicable)]

Date Immigration expects this student to complete studies: _____
(Completion date given on student's I-20)

Academic Advisor: This form is provided to facilitate the communication of certain information required by regulations of Student Exchange Visitor Information System (SEVIS), a division of the Department of Homeland Security. Its completion is needed for a student in F-1 status to be granted an extension of the time limitation placed by SEVIS upon the student's current program of study. Any questions you may have can be directed to the **Office of International Student Services at extension 3970**. Please complete this form in full and return it to the **International Student Services Office**. Thank you for your assistance.

1. This student is expected to complete requirements for his/her current program by: Spring 20____ Fall 20 ____ Summer 20____
2. Has this student been continuously enrolled full-time since the beginning of the degree program? Yes ____ No ____
3. This student has not yet completed the current program of study due to the following reason(s):
____ Delay caused by program change in major field of study.
____ Delay caused by program change in research topic for thesis or dissertation.
____ Delay caused by lost credits upon transfer to this school.
____ Other (please specify and explain on reverse side of form)

I therefore recommend ____; do not recommend ____ that this student be allowed additional time to complete studies for degree program.

Academic Advisor's Signature: _____

Name and Title: _____

Doctoral Department Director's Signature: _____

Department: _____

Date: _____

Date received from Advisor: _____