

ACADEMIC ADVISOR'S RECOMMENDATION FOR EXTENSION
REQUEST FOR EXTENSION OF A PROGRAM OF STUDY

DATE	UFID	E-Mail
_____	_____	_____
Last Name	First Name	Telephone Number
_____	_____	_____

FOR DEPARTMENT PERSONNEL TO COMPLETE

Academic Advisor or Department Head: This form is provided for your convenience and is designed to facilitate the communication of certain information required by regulations of USCIS. The international student whose name appears above wishes to apply for an extension of the time allocated for completion of their studies. Please complete and sign the form and return it to the student's International Student Advisor at the UFIC.

1. **Student's Major:** _____ **Degree Level:** _____
Total number of credits required for degree: _____
Remaining number of credits not yet completed: _____
2. **Student is expected to complete the program of study in Semester:** _____ **Year:** _____
Please note: We are only able to extend the I-20/DS-2019 for up to one year beyond its current expiration date for each time an extension is requested.
3. **Is this student making normal progress towards his/her current degree?** Yes No
4. **Do you recommend this student be given additional time to continue his/her studies?** Yes No

This student has not yet completed the current program due to (please check all that apply):

- Delay caused by a change in major field of study.
- Delay caused by a change in research topic.
- Delay caused by unexpected research problems.
- Delay caused by lost credits upon transfer to our school.
- Original length of time given to complete studies was not reasonable for an average student in this program.
- Other; please explain: _____

Academic Advisor or Department Head's Signature	Date
_____	_____
Print Name	Title
_____	_____
E-Mail Address	Tel. #
_____	_____