

**ACADEMIC ADVISOR'S RECOMMENDATION FORM  
 FOR EXTENSION OF TIME LIMITATION FOR A PROGRAM OF STUDY**

The information requested is necessary to comply with U.S. Citizenship and Immigration Services (USCIS) regulations. The international student named below is applying for an extension of the time limitation placed on their current program of study. When completed, please return form to the Office of International Admissions (MS 29). An updated I-20 will be available within 3-5 business days upon **receiving form and updated financials**. Thank You.

*PLEASE PRINT ALL INFORMATION*

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**Student completes this section:**

Student Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_  
 \_\_\_\_\_

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**Academic Advisor completes this section:**

1. I anticipate that this student will complete all the requirements for the current program of study on or about  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (month/day/year)

2. The Student's field of study is \_\_\_\_\_

3. This student has not yet completed the current program of study due to (please check all reasons that apply):

- \_\_\_\_\_ Delays caused by change of major
- \_\_\_\_\_ Delays caused by need for additional language instruction
- \_\_\_\_\_ Delays due to medical reasons
- \_\_\_\_\_ Delays caused by scheduling difficulties
- \_\_\_\_\_ Other (please specify) \_\_\_\_\_

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

\_\_\_\_\_  
 Advisor's Signature

\_\_\_\_\_  
 Name & Title (please print)

\_\_\_\_\_  
 Department (please print)

\_\_\_\_\_  
 Date