

## Academic Advisor Program Extension Recommendation For F-1 Program Extension

**\*\*Must Be Submitted to SEVIS to a Designate School Official (DSO) prior to program end date (item #5) indicated on current I-20\*\***

An F-1 student who is maintaining his or her status and making normal program toward completing his or her degree may be eligible for a program extension due to a compelling academic or medical reason. Program extensions cannot be granted due to academic suspension or probation.

**Section A (To be completed by student):**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ ID#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Phone#: \_\_\_\_\_ E-mail: \_\_\_\_\_ Major: \_\_\_\_\_

Reason for Extension Request:

- Change of major     School transfer     Change of academic level     Unexpected research problems  
 Documented illness (attach medical documentation)     Other \_\_\_\_\_

.....  
**Section B (To be completed by Academic Advisor):**

Department: \_\_\_\_\_  
Program Extension is requested until (month/day/year): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Reason:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I verify that this student is making normal progress toward the completion of his or her program of study and recommend that this student's program of study be extended until the date requested above due to the circumstances described above.

Academic Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (printed): \_\_\_\_\_ Phone: \_\_\_\_\_

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