



### Important Information:

This form is composed of three sections. The first section is filled out by the student, the second if filled out by the Academic Advisor explaining why the program end date needs to be extended, and the third is completed by the Office of Admissions & Services for International Students.

This form will help to facilitate the extension of the program for an international student. Please complete this form fully if you think the student should be given additional time to complete her/his degree. Please also attach a copy of the student's bingo sheet or a list the remaining courses.

Please note that the program extension can take up to 2 – 3 business days to be processed. You will receive notification via email of the decision.

## Section I – To Be Completed By Student

Last Name: \_\_\_\_\_ Major/Program: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Degree Level: \_\_\_\_\_  
 Student ID: \_\_\_\_\_ Email: \_\_\_\_\_

## Section II – To Be Completed By Advisor

1. Is this student making normal progress towards her/his current degree? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Do you recommend this student be given additional time for her/his studies? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. The student needs \_\_\_\_\_ credit hour(s) for \_\_\_\_\_ semester(s)/term(s) to complete program of study
4. The new estimated graduation date for the student is \_\_\_\_\_ (term / year)
5. This student has not completed the current program due to a delay caused by (check all that apply):
  - A change in major field of study
  - An addition of major or minor
  - The need for additional academic preparation for major (e.g., ESL, prerequisites, etc.)

Other (please explain):

*I certify that the information I have provided is accurate and I recommend that the student's program end date be extended.*

Name of Academic Advisor: \_\_\_\_\_ Phone \_\_\_\_\_  
 Email: \_\_\_\_\_ Department: \_\_\_\_\_  
 Office Location: \_\_\_\_\_

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

\_\_\_\_\_  
Date

Please return the completed form to the Office of Admissions & Services for International Students (OASIS) along with a list of the remaining courses or a copy of the student's bingo sheet



Section III – To Be Completed By OASIS

Office Use Only:

Currently Enrolled: \_\_\_\_\_ Yes \_\_\_\_\_ No

Current Term: \_\_\_\_\_

Request approved \_\_\_\_\_ or denied \_\_\_\_\_

If denied, why \_\_\_\_\_

Date completed: \_\_\_\_\_

Signature: \_\_\_\_\_