



ACADEMIC ADVISOR'S RECOMMENDATION FOR PROGRAM EXTENSION

Section 1 - To be completed by the student.

Submit the following documents to the ISSS front desk:

- Original Form I-20 or DS-2019
- Form I-94
- Acceptable evidence of financial support as specified at [Cost of Attendance and Acceptable Evidence of Financial Support](#).

Last name _____ First name _____

C Number: _____

Note: Students engaged in on-campus employment must "Complete Form I-9 Document Reverification" in Workday once their I-20 or DS-2019 is extended.

Section 2 - To be completed by the student's Academic Advisor.

1. This student will complete the requirements for his/her current program on _____
(Month/Day/Year)
2. This student has not yet completed the current program of study due to (please check all reasons that apply):
 - _____ Delay caused by illness (must have written explanation from medical doctor).
 - _____ Delay caused by a change in major field of study.
 - _____ Delay caused by a change in research topic.
 - _____ Delay caused by unexpected research problems.
 - _____ Needs annual Extension of Program (only applicable to students in J-1 status).
 - _____ None of the above. Please explain:

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

Academic Advisor's name (please print) and signature _____

Department, School, or College _____