

International Student Program Extension Request – Departmental Support Form

This form must be completed and signed by the student's academic advisor

Student's La	ast Name:
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Student's First Name: _____

Department: ____

_____ Advisor's Name: _____

Reason(s) for Delay in Program (Check all that apply)

□ Change/add major field of study □ Change of advisor and/or research topics

Unexpected research problems	Documented medical condition/illness
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\Box	Other:
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Explain reason(s) for delay as checked above (required): (Attached additional sheet if necessary)

Remaining Tasks to be Completed (Check all that apply) and Timeline

 \Box Courses \Box Thesis/dissertation writing \Box Research/data analysis

Prelim (PhD) anticipated semester/date of prelim exam: ______

Other: ______

Describe remaining tasks and provide timeline (required): (Attached additional sheet if necessary)

Anticipated program end date: _____

Certification

I certify that the above student is making academic progress towards their degree and the request for a program extension is due to a compelling academic reason. I understand that this form will be a part of the student's immigration record that can be subject to review by a DHS official at any time.

Signature: _____