Academic Advisor's Recommendation Form for Extension of Time Limitation for a New Program of Study

The information requested is needed to comply with U.S. federal immigration regulations governing F and J international students. The international student named below is applying for an extension of the time limitation placed on the current program of study.

NOTE: **This form should be completed in full, and returned through inter-office mail (<u>by the student's academic advisor or department chairperson</u>), to the Office of International Student Services, Campus Center, Suite 230. The student should submit any other necessary documentation to the Office of International Student Services.**

Section #1 - Student completes this section:

Student Name: _____
      (Please print*)   *last, first, middle*

Degree Sought: ___ Associates ___ Certificate

Previous Academic Major: _____ New Academic Major: _____

Student ID#: H00_____

E-Mail _____ Phone: _____

_____   _____
Student's Signature   Date

Current (Local) Address:

Permanent Address in Home Country:

Section #2 – To be completed by the Student's Academic Advisor or Department Chairperson:

This student's change of Program of Study is effective at the commencement of the:
Fall 20_____ or Spring 20_____ semester.

Or, if the student's change of program becomes effective mid-semester, please indicate the date to be used: _____

If this student maintains enrollment, and **if** this student completes all required courses, I **anticipate** that this student's <u>current</u> Program of Study will be complete, when official degree certification is completed at the conclusion of the: Fall 20_____ or Spring 20_____ semester.

Or, if the student will complete degree requirements mid-semester, please indicate the date to be used: _____

Section #3 – To be completed by the Student's Academic Advisor or Department Chairperson:

While this student plans to continue studying at Hudson Valley Community College, he/she has decided to pursue a new program of study and has changed his/her academic major. I therefore recommend that this student be allowed additional time to complete his/her studies.

_____   _____
Advisor/Department Chair's Signature   Name & Title (please print)

_____   _____
Department (please print)   Telephone #

Section #4 - For OISS Use Only:

OISS Action & Date: _____ Initials:_____

Entered in SEVIS (Date & Initials):_____ Student notified via e-mail (date):_____