

Academic Advisor's Recommendation Form for Extension of Time Limitation for a 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 (by the student's academic advisor or department chairperson), 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 current 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:

This student has not yet completed the current program of study due to (please check all reasons which apply):

- Delays caused by a change in major field of study
- Delays caused by a change in research topic
- Delays caused by unexpected research problems
- Delays caused by lost credits upon transferring in
- Other (please specify): _____

I therefore recommend that this student be allowed additional time to complete 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): _____

Adapted from documentation developed by the Office of International Student and Scholar Services, Binghamton University