Program Extension Form

Academic Advisor's Recommendation

TO BE COMPLETED BY THE STUDENT:

Name:_____ **AU ID#:**_____
Last **First**

Date Current I-20/DS-2019 Will Expire: _____**Email:** _____**Phone:**_____
dd/mm/yyyy

CAS **KOGOD** **SIS** **SOC** **SPA** **WCL** **WSEM** **SPAC**

Certificate **Bachelor's** **Master's** ☐ **Ph.D.** **Major:** _____

Please enclose financial documents to cover the extension period.

Before a program extension is processed by ISSS, the student must submit financial documents which cover the requested extension period to the ISSS office. The student cost guide for financial documentation can be found on the ISSS website http://www.american.edu/ocl/iss/costs.html. Please return the completed form along with the financial documents to ISSS, Butler Pavilion 410.

TO BE COMPLETED BY THE ACADEMIC DEPARTMENT:

The student listed below has informed International Student and Scholar Services (ISSS) that he/she requires additional time to complete his/her program. Citizenship and Immigration Services (USCIS) will permit our office to extend a student's program completion date for *compelling* academic or medical reasons [8 CFR 214.2(f)(7)(iii)]. Delays caused by academic probation or suspension are not acceptable reasons for program extension.

To be eligible for a program extension, the student must be engaged in full-time academic work. In the space provided, please describe the reasons that justify additional full-time study in the program. You may use the back of this form if you require additional space, and/or attach documentation that supports this request.

_____

_____

_____

_____

The student has not completed the current academic program as a result of:

- ☐ Change in major from _____ to _____,
  requiring addition _____# of credits
- ☐ Change in thesis or dissertation research topic (please explain in detail the progress on thesis/dissertation)
- ☐ Unexpected research problems (please explain in detail the nature of the problem and proposed course of action)
- ☐ Documented illness (please include a doctor's note, if not already submitted. Documentation must be on file in ISSS).
- ☐ Delay in completion of program due to English Language requirement
- ☐ Other_____ (for review by ISSS)

Based on the information provided, the student's recommended new completion date is:

NEW COMPLETION DATE: ____ /____ /____
MM DD YYYY

_____ _____ _____ _____
Name of Academic/Faculty Advisor Signature Phone Date

International Student and Scholar Services ● Butler Pavilion 410 ● 4400 Massachusetts Ave., NW ● Washington, DC 20016
Phone: 202-885-3350 ● Fax: 202-885-3354 ● E-mail: isss@american.edu ● web site: www.american.edu/ocl/isss/