Program Extension Form
Academic Advisor's Recommendation

TO BE COMPLETED BY THE STUDENT:

Name:_____ **AU ID#:**_____
Last First
Date Current I-20 Will Expire: _____ **Email**_____**Phone** _____
dd/mm/yy

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

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

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.

Before a program extension is processed by ISSS, the student must provide *detailed written documentation* from his/her academic advisor, explaining the reason for additional time. This information is necessary for the student to maintain valid F-1 or J-1 immigration status. Please return the completed form to ISSS, Butler Pavilion 410.

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

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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 YY

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

International Student and Scholar Services ● Butler Pavilion 410 ● 4400 Massachusetts Ave., NW ● Washington, DC 20016
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