## **Program Extension Form**Academic Advisor's Recommendation

## TO BE COMPLETED BY THE STUDENT:

Name:			AU ID#:	
Last	F	First		
Date Current I-20/DS-2019	Will Expire: mm/dd		Phon	e:
□ CAS □ KOGOD □	sis □ soc □	SPA UWCL	☐ Abroad@AU	
☐ Certificate ☐ Bachelor's ☐	Master's Ph.D.	Non-degree	Major:	
Please enclose financial doc	cuments to cover the	e extension period	1.	
extension period to the ISSS	office. The student	cost guide for fina	ncial documentation can	ents which cover the requested be found on the ISSS website ancial documents to ISSS, Butle
TO BE COMPLETED BY	THE ACADEMIC	<u>DEPARTMENT</u>	<u>:</u>	
complete his/her program. C	itizenship and Immig academic or medical	ration Services (US reasons [8 CFR 2	CIS) will permit our offic	/she requires additional time to e to extend a student's program used by academic probation or
	fy additional full-time	e study in the prog	ram. You may use the b	s. In the space provided, please back of this form if you require
The student has not complete  Change in major from _ requiring addition		to		
☐ Change in thesis or disso☐ Unexpected research pro	ertation research topic oblems (please explain in	C (please explain in detail the nature of the	e problem and proposed course	e of action)
American teaching methods,	program due to initial or improper course level [	l academic difficult placement. Reduced co		ling requirements, unfamiliarity with semester)
Based on the information pro	vided, the student's re	ecommended NEW	COMPLETION DATE	E is: / / /
Program Director (sign)			(print)	Date
Academic Advisor (sign)			(print)	Date
Faculty Advisor (optional) (sig	rn)		(print)	Date