

## ACADEMIC ADVISER'S RECOMMENDATION FOR EXTENSION OF TIME FOR A PROGRAM OF STUDY

Date \_\_\_\_\_ Student ID# \_\_\_\_\_ E-mail \_\_\_\_\_

Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Major on your I-20 \_\_\_\_\_

Duration of I-20: from \_\_\_\_\_ to \_\_\_\_\_

GPA \_\_\_\_\_ Number of ESOL you took: ESOL 92 X \_\_\_\_\_ ESOL 94 X \_\_\_\_\_

- Before meeting with your academic advisor, please complete above information and attach the brief summary of the reason of your Program Extension.

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**Academic Adviser or Department Head:** This form is provided for your convenience and is designed to facilitate the communication of certain information required by regulations of the U.S. Custom and Immigration Service (USCIS). The foreign student whose name appears above wishes to apply for an extension of the time allocated for completion of his or her program of study. Please complete the form in full and return it to the Foreign Student Adviser at **Honda International Center (Iliahi 112)**

1. The student is engaged in the following academic program:  
Major \_\_\_\_\_ Degree \_\_\_\_\_
2. Is this student making normal progress towards his or her current degree?  Yes  No  
If it is "NO", please ask students to visit HIC.  
If it is "YES", please check one of the followings:

This student has not yet completed the current program of study due to:

- Delay caused by a change in major field of study
- Delay caused by medical reasons (documentation required)
- No unusual delay. The original length of time given to complete studies was not reasonable for an average student in this program

If you recommend this student be given additional time to continue his or her studies what is the new expected graduation date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Office Address \_\_\_\_\_ Office Phone # \_\_\_\_\_

HIC use only:

Approved:  Yes  No

SEVIS Data Input: \_\_\_\_\_ By \_\_\_\_\_