

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

To be completed by Student:

Family Name: _____ First Name: _____

FSU E-Mail: _____ FSU #: _____ SEVIS ID # _____

Current I-20/DS2019 Expiration Date: _____ Program start date: _____

STUDENTS may be asked to submit new financial documents with this form

To be completed by Academic Advisor or Department Chair/ This form is provided for your convenience and is designed to facilitate the communication of information required by U.S. Immigration Regulations for students who will not complete their studies within the "normal" time frame for their level of study. Please note that "probation "or" suspension" is not considered an adequate reason to request an extension. The extension maximum is 12 months.

1. The student is engaged in the following course of study:

Major _____ Degree Level _____

Number of credits earned to date _____ Total credits required for degree _____

New anticipated graduation date _____
Month/Year

2. The Student has not yet completed the course of study because of:

- Delay caused by a change in area of specialization
- Delay caused by unexpected research difficulties
- Delay caused by change of research topic
- Delay caused by lost credits upon transfer to Ferris State University
- No unusual delay; original date of completion estimate not reasonable for average student in this program
- Other _____

Signature Date

Academic Advisor's Name Phone E-mail