



ACADEMIC ADVISOR'S RECOMMENDATION FOR PROGRAM EXTENSION

Section A: Student Information	
LAST (FAMILY) NAME in Passport:	FIRST NAME in Passport:
DATE OF BIRTH (mm/dd/yyyy)	DU ID Number:
I hereby authorize the release of any information necessary for this request and authorize any changes needed to complete my request.	
STUDENT SIGNATURE:	DATE:
<input type="checkbox"/> I have attached proof of funding to cover the cost of extension. You can find the estimated cost of attendance at http://www.du.edu/financialaid/resources/coa.html	

ISSS sends all official communications, including important information about your immigration status, to your official @du.edu email address. It is important that you check this account regularly. For information regarding your DU e-mail, visit <http://www.du.edu/uts/helpdesk/docs/email.html>

Section B. To be completed by Academic Advisor
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The international student whose name appears above wishes to apply for an extension of the time allocated on his/her immigration document for completion of his/her program of study.

Requirements remaining for completion of degree: PLEASE CHECK ONE

- ___ Credits to be completed in ___ Quarters
- ___ Quarters of Continuous Enrollment
- ___ Credits to be completed in ___ Quarters AND ___ Quarters of Continuous Enrollment

Date expected to complete all degree requirements, **including** thesis/dissertation (mm/dd/yy): ___/___/___

Graduate students only:

Date of completion for all coursework, **excluding** thesis/dissertation (mm/dd/yy): ___/___/___

This Student has not completed the Current Program of Study because:

- ___ Delay caused by a change in major field of study ___ Delay caused by documented illnesses
- ___ Delay caused by a change in research topic ___ Time spent studying at the English Language Center at DU
- ___ Delay caused by unexpected research problems
- ___ Other (must be a compelling academic or medical reason) Please Explain:

NOTE: Prior to signing this recommendation, know that the information above is required to ensure that the student's request for an extension complies with Federal Regulations governing F-1 and J-1 immigration status. **Delays caused by academic probation or suspension are NOT acceptable reasons for program extension.**

Do you agree the student is academically eligible to continue at the university, able to complete within a reasonable time and has an academic plan to do so? Yes No

In signing this form, I understand that my academic recommendation will be used for this purpose.

Academic Advisor Signature:	Printed Name:	Date:
Department:	Phone Number:	Email:

FOR OFFICE USE ONLY		
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Assigned To:	Processing Checklist:	Processing Notes
_____	<input type="checkbox"/> Enrollment checked by _____ <input type="checkbox"/> GA processed ___ / ___ / ___ <input type="checkbox"/> ISA processed ___ / ___ / ___	