

Part II. Verification

To be completed by the student's academic advisor

Please check the following to ensure the student's eligibility for a request for a program extension:

- The above-named student has maintained full-time academic status during the regular academic terms and has been making satisfactory progress toward the successful completion of his/her program.
- The above-named student could not maintain full-time status during the regular academic terms for the following reason(s): _____

Please check the reason(s) in one of the three categories for the extension request (*please be aware that delays in a program of study caused by **academic probation** or **suspension** are not acceptable reasons for program extension*):

Academic:

- change of major
- change of research topic
- unexpected research problems

Medical:

- documented illness

Other:

- other (specify reasons

Academic: No other documentation is required. The signatures of the student's advisor and dean are sufficient.

Medical: A letter from University Health & Counseling Services (UHCS) should be on file documenting the student's illness; or, in the case of College of Professional Studies students, either a letter from UHCS or a letter from another medical professional must be submitted with this form.

Other: Please document "other" reasons with an attached letter

New Date of Program Completion: _____
Month/Day/Year

Part III. Signatures

Signature required: 1) the student's academic advisor; 2) dean or designated college/graduate school official.

IMPORTANT: if you the student is applying for a program extension during his/her last term, he/she must be enrolled full time or the equivalent.

1. Academic Advisor:

"To the best of my knowledge, the information pertaining to this student is accurate and complete."

Signature: _____ Date: _____
Month/Date/Year

Print Name: _____ Print Title: _____

2. (For Graduate Day Students ONLY): Dean or designated college/graduate school official (e.g., SEVIS contact):

"To the best of my knowledge, the information pertaining to this student is accurate and complete."

Signature: _____ Date: _____
Month/Date/Year

Print Name: _____ Print Title: _____

College or Graduate School: _____

This form should be returned to the ISSI only if properly and accurately completed. It will be considered as an official institutional document in case of an audit from the Department of Homeland Security.