



ST. FRANCIS COLLEGE

Program Extension Request

Date: _____

Part 1: To be completed by the student

Student name: _____

Date of birth: _____

SEVIS ID: _____

Source of funding (scholarship, family, SFC, etc.): _____

Student signature: _____

Part 2: To be completed by the advisor/department chair

The above named student has requested that they be granted additional time to complete their initial program of study. An extension cannot be granted to allow a student to complete any incomplete courses or due to the student failing required courses.

1. Has the student been making normal academic progress in their program of study?

Yes _____ No _____

2. The student will complete all requirements for the degree on or about:

Date: _____

3. The student has not yet completed the program of study due to (check all reasons that apply):

- Delays caused by a change in major of study
 - Delays caused by a change in research topic
 - Delays caused by unexpected research problem
 - No unusual delay--the original amount of time was not sufficient to complete degree (explain the compelling reason why the student needs a program extension)
- _____
- _____
- _____

4. I, therefore, recommend that the student be given the additional time to complete their program.

Advisor/department chair name: _____

Advisor/department chair signature: _____

Department: _____