



## 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 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
- Other: \_\_\_\_\_

**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: \_\_\_\_\_