



## F-1 STATUS EXTENSION

To: Center for International Education  
University Center 2205, Campus Box 52

From the Department of: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

This student is engaged in the following academic program:

Major: \_\_\_\_\_ Degree \_\_\_\_\_

Date expected to complete program of study (mm/dd/yy): \_\_\_\_\_

Is this student making normal progress towards the current degree?  yes  no

Do you recommend this student be given additional time to complete studies?  yes  no

This student has not yet completed the current program of study due to:  
(please check all that apply):

change of major

change of research topic

unexpected research problems

illness [this must be documented by a letter from a health care professional]

other academic or medical reason

Explain: \_\_\_\_\_  
\_\_\_\_\_

[Note: delays caused by academic probation or suspension are not acceptable reasons for program extension.]

\_\_\_\_\_  
Signature of Academic Adviser

\_\_\_\_\_  
Date