

Department Chair's Recommendation for Extension
of Time Limitation for a Program of Study

Students Name: _____

Student ID: _____

Department Chair: The completion of this form is needed for a student in F-1 status to be granted an extension of the time limitation placed by the INS upon the student's current program of study. Any questions you may have can be directed to the International Student Advisor at ext 3310. Thank you for your assistance.

1. Has this student been continuously enrolled for a full course of study?

_____ Yes _____ No

2. This student will complete requirements for his/her current program on or about:

(month/day/year)

3. This student had not yet completed the current program of study due to (please check all reasons which apply):

_____ Delay caused by a change in major field of study.

_____ Delay caused by a change in research topic.

_____ Delay caused by unexpected research problems.

_____ Delay caused by lost credits upon transfer to our school.

_____ Other (please explain) _____

I therefore recommend this student be allowed additional time to complete studies.

Signature, Department Chair _____

Name (please print) _____

Department (please print) _____

Date: _____

Please complete this form in full and return it to the International Student Services office.