

MOREHEAD STATE UNIVERSITY

International Student Services

Academic Advisor's Recommendation For Extension of Time Limitation for a Program of Study

Student's first name _____ Student's last name _____

Student ID No. _____

Address _____

Academic Advisor: This form is provided to facilitate the communication of certain information required by regulations of the U.S. Citizenship and Immigration Services (USCIS). Its completion is needed for a student in F-1 status to be granted an extension of the time limitation placed by the USCIS on the student's current program of study. Upon completion of the form, please email to the Office of International Student Services at Mr. Clive Liew c.liew@moreheadstate.edu.

1. The student is engaged in the following academic program:

Major _____ Degree _____

Number of credits required for degree _____

Semester/year expected to complete program of study ____/____/____ (MM/DD/YY).

2. Is the student making normal progress towards his/her current degree?

Yes No

3. Do you recommend this student be given additional time to continue his/her studies?

Yes No

4. This student has 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 lost credit upon transfer to our school

Delay caused by change in research topic

Delay caused by unexpected research problems

No unusual delay. The original length of time given to complete studies was not reasonable for an average student in this program

Other (please explain on the reverse side of this form)

Academic Adviser's signature: _____

Date: ____/____/____/

Title (please print): _____ Dept: _____

For office use only:

Date received from the advisor: ____/____/____ (MMDDYY)

Comments: _____