

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

**Student Name:** \_\_\_\_\_

**Student Number:** \_\_\_\_\_

**Date USCIS expects this student to complete studies:** \_\_\_\_\_

**Academic Advisor:** This form is provided to facilitate the communication of certain information regulated by the U.S. Citizenship and Immigration Service (USCIS). Completion of this form is required for a student in F-1 status to be granted an extension of the time limitation placed by the USCIS upon the student's current program of study. Any questions you may have can be directed to International Students Services (ISS) at (305) 899-3082. Please complete this form in full and return it to the ISS office in the R. Kirk Landon Student Union building, Suite 108. Thank you for your assistance.

1. Has this student continuously been enrolled for a full course of study? \_\_\_ Yes \_\_\_ No

2. This student will complete requirements for her/his current program on or about,     /    /      
MM\DD\YY

3. 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 a change in research topic.

\_\_\_\_\_ Delay caused by unexpected research problems.

\_\_\_\_\_ Delay caused by lost credits upon transfer to our school.

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

\_\_\_\_\_ Other:

\_\_\_\_\_  
\_\_\_\_\_

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

Academic Advisor's signature: \_\_\_\_\_

Name and title (please print): \_\_\_\_\_

Department (please print): \_\_\_\_\_

Date: \_\_\_\_\_

Date advisor received form: \_\_\_\_\_

Date forwarded to IMP: \_\_\_\_\_

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

To: [International Student Advisor]  
From: [Name and title of academic advisor]  
Date: [Date]  
Subject: [Name of student, student number]

This is a recommendation letter to extend the time limitation for a program of study for the above-named student. According to the U.S Citizenship and Immigration Service (USCIS), [student's name] has almost reached the end of the time allowed for completion of degree requirements. [Student's name] has not yet completed his/her program of study for the following reason(s): (*refer to the numbered list below*). Therefore, the student is preparing an application to extend his/her stay in the United States to complete their studies.

Name/Title (Academic Advisor)  
Signature

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We would appreciate it if your letter, which should be addressed to International Students Services, would include the following information:

1. A statement that the student has been continuously pursuing a full course of study
2. A recommendation that the student be allowed additional time to complete the current course of study
3. The date [mm/dd/yy] the student is expected to complete his/her studies estimate of the expected date of completion of studies
4. Reason(s) why an extended study period is required

Acceptable reasons for a delay in completing a program of study include:

1. Delay caused by a change in major field of study
2. Delay caused by a change in research topic
3. Delay caused by unexpected research problems
4. Delay caused by lost credits upon transfer to our school
5. No unusual delay. The original length of time given to complete studies was not reasonable for an average student in this program.

