



F-1 PROGRAM EXTENSION

ACADEMIC ADVISOR'S RECOMMENDATION

An international student who is not able to complete a degree program by the end date on the form I-20 must apply for a program extension, at least 30 days in advance of the expiration date. Failure to comply with this requirement violates the terms of the student's F-1 status and consequent loss of legal status.

The program extension may be granted only under certain circumstances. Delays caused by academic probation or suspension, for example, are not acceptable reasons for a program extension. The application for extension must be made at least 30 days before expiration date on I-20. The application must contain this Academic Advisor's Recommendation form and all applicable financial documentation. An incomplete application form will not be reviewed. For questions, email or call the International Programs and Services office.

Part I (to be completed by the student)

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ E#: \_\_\_\_\_

Current expiration date on the I-20 form: \_\_\_\_\_ mm/dd/yyyy

Write Source and amount of funding:

Blank lines for writing source and amount of funding.

Attach the Financial Statement Form and all applicable document(s), including bank statements, current scholarship information/contract, etc. to this form.

\*Departments: If your department is providing a scholarship/funds to this student please list what is covered (such as instate tuition, out of state tuition, program fees, etc.): \_\_\_\_\_

Part II (to be completed by the Academic Advisor/Graduate Coordinator)

1. Advisor/Coordinator Name, Title, and Department: \_\_\_\_\_

2. This student has not yet completed the current course of study due to:

- The original period of time given on the I-20 is not sufficient for the student to finish the degree. The student has been making normal academic progress.
Delay caused by a change in major field of study.
Delay caused by change in research topic.
Delay caused by unexpected research problems.
Delay caused by student's need to take pre-requisite courses.
The student had medical reasons.
Other (please explain)

3. When is this student expected to complete his or her studies? \_\_\_\_\_ mm/dd/yyyy

4. I hereby recommend this student be granted an extension of stay until the date specified above to allow sufficient time to complete his or her degree program at ETSU.

Advisor/Coordinator Signature Date Telephone Number