Academic Advisor’s Recommendation
For Extension of Period to Complete a Program of Study

Student’s Name: ___________________________________ UMASS I.D. #: ________________

SEVIS ID#: ___________________ Student Email: __________________ Phone#: __________________

I hereby request my Academic Advisor to complete the sections below so that I may apply to the International Student and Scholar Services Office for an extension of my immigration status in order to complete my program of study.

Student’s Signature: _______________________________________________________________________

TO BE COMPLETED ONLY BY ACADEMIC ADVISOR

To Academic Advisor: The period of time initially granted to an international student to complete his or her program of study is limited by federal regulations governing F-1 immigration status. The student named above is requesting an extension beyond the initial period granted. This form is provided to verify certain information needed to determine if the extension may be permitted under the rules of the U.S. Department of Homeland Security. Please direct any questions you may have to the advisors at the ISSS Office (iss@umb.edu, x75586).

1. The student will complete the requirements of his/her current program no later than (i.e., what is the new program end date you are requesting for this student?): _______________________________________

2. Has this student been continuously enrolled full-time since beginning the program of study? □ Yes □ No
   If no, please explain: _____________________________________________________________________________
   ____________________________________________________________________________________________

3. The student has not yet completed the current program of study due to (check all that apply):
   □ Delay caused by a change in major field of study. In what semester did the change occur? ______________
   □ Delay caused by a change in research topic. In what semester did the change occur? ______________
   □ Delay caused by unexpected research problems.
   □ Delay caused by lost credits upon transfer to UMASS Boston.
   □ Delay caused by documented illness. Student must attach required letter from a medical professional.
   □ Other compelling academic reason. Please explain: ________________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________

I, therefore, recommend that this student be allowed additional time to complete his or her studies.

Academic Advisor’s Name (please print): ____________________________
Department (please print): ____________________________ : Extension: ____________________________
Date: ____________________________ Academic Advisor’s Signature: ____________________________