
**F-1 PROGRAM EXTENSION
ACADEMIC ADVISOR'S RECOMMENDATION**

The information requested below is required by the U.S. Citizenship and Immigration Service (USCIS) to grant an extension of non-immigrant student status. The student's academic adviser must complete Part II and sign this form. Questions can be directed to the OISS staff. Thank you.

Part I (to be completed by the student)

Student's name: _____

Current expiration date on I-20 form: _____

Source and amount of funding, if different from I-20 form (please attach supporting documentation):

Part II (to be completed by the academic adviser)

1. Academic Adviser's Name, Title and Department: _____

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

Delay caused by compelling medical reasons or illness

Delay caused by a change in major field of study

Delay caused by change in research topic

No unusual delay. The original length of time given to complete studies was not sufficient.

Other (please explain): _____

3. When is this student expected to complete his or her studies _____
month/year

4. I hereby recommend that 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 LMU.

Academic Adviser's signature

Date

Telephone number