



INTERNATIONAL CENTER  
 HOME OF STUDY ABROAD AND  
 INTERNATIONAL STUDENT SERVICES

**ACADEMIC ADVISOR'S RECOMMENDATION FOR  
 EXTENSION OF PROGRAM OF STUDY**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

FLAGLER ID# \_\_\_\_\_ MAJOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY OF BIRTH \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE # \_\_\_\_\_

**Academic Advisor or Department Head:** The international student whose name appears above wishes to apply for an extension of time in order to complete their program of study. This form is provided for your convenience and is designed to facilitate the communication of certain information required by the U.S. Citizenship and Immigration Services. **Please complete both sides of this sheet. Please have the student return the completed sheets to the International Center, Wiley Hall, First Floor.**

1. The student is engaged in the following academic program:  
 Major \_\_\_\_\_ Degree \_\_\_\_\_  
 Student still needs \_\_\_\_\_ credits to complete all coursework (excluding thesis, dissertation, or equivalent requirement).  
 Date expected to complete program of study (month/year) \_\_\_\_\_
2. Is this student making normal progress towards their current degree?  
 Yes       No
3. Do you recommend this student be given additional time to continue their studies?  
 Yes       No
4. This student has not yet completed the current program of study due to (check all that apply):  
 change in major field of study (new major)  
 change in research topic  
 unexpected research problems  
 lost credits upon transfer to our school  
 original length of time given to complete studies was not reasonable for an average student in this program.

Advisor/Dept. Head - Signature \_\_\_\_\_ Title \_\_\_\_\_ Ext. # \_\_\_\_\_

Advisor/Dept. Head - Print Name \_\_\_\_\_ Date \_\_\_\_\_

International Center Staff Initials: \_\_\_\_\_

Updated: 05/15/2020

**REQUEST FOR EXTENSION OF STUDIES**  
**Course Plan for Graduation**

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

STUDENT I.D. # \_\_\_\_\_

**Academic Advisor or Department Head:** The international student whose name appears above wishes to apply for an extension of time in order to complete his or her program of study.

**Please complete the section below by indicating the courses remaining (in the next three terms) for completion of studies. Please return this form to the International Center, Wiley Hall.**

Summer / Fall / Spring 20\_\_\_\_ : Course 1 \_\_\_\_\_  
Course 2 \_\_\_\_\_  
Course 3 \_\_\_\_\_  
Course 4 \_\_\_\_\_  
Course 5 \_\_\_\_\_

Summer / Fall / Spring 20\_\_\_\_ : Course 1 \_\_\_\_\_  
Course 2 \_\_\_\_\_  
Course 3 \_\_\_\_\_  
Course 4 \_\_\_\_\_  
Course 5 \_\_\_\_\_

Summer / Fall / Spring 20\_\_\_\_ : Course 1 \_\_\_\_\_  
Course 2 \_\_\_\_\_  
Course 3 \_\_\_\_\_  
Course 4 \_\_\_\_\_  
Course 5 \_\_\_\_\_

New Anticipated Graduation Date: \_\_\_\_\_

If more semesters are needed please comment here:

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Advisor/Dept. Head - Signature

Title

Ext. #

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Advisor/Dept. Head - Print Name

Date

International Center Staff Initials: \_\_\_\_\_

Updated: 05/15/2020