



Global@flagler.edu

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

**STUDENT INFORMATION:**

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

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

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

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 designed to facilitate the communication of certain information required by the U.S. Citizenship and Immigration Services. **Please have the student return the completed form to Global@flagler.edu.**

1. Student still needs \_\_\_\_\_ credits to complete all coursework
2. Date expected to complete program of study (month/year) \_\_\_\_\_
3. Is this student making normal progress towards their current degree? \_\_\_\_\_
4. Do you recommend this student be given additional time to continue their studies? \_\_\_\_\_
5. 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 time to complete studies was not reasonable for an average student in this program.

Academic Advisor- Signature

Printed Name

Date