Academic Adviser's Recommendation for Extension of Time for a Program of Study

Student's Name (print):__________________________________________________________

UWEC ID#_______________________ Student Signature______________________________

The request for this extension must be made and granted at least 30 days prior to the program end date on the student's form I-20.

1. The student is engaged in the following academic program:

   Major______________________ Department ______________________

2. Is this student making normal progress towards his or her degree?
   □ yes  □ no

3. Do you recommend this student be given additional time to continue his or her studies?
   □ yes*  □ no

   *If yes, indicate NEW anticipated completion (graduation) date

   (month/day/year):________________

4. Please list completion (graduation) plan below (or attach).

5. This student has not yet completed the current program of study due to:
   (please check all that apply):
   □ Delay caused by a change in major field of study
   □ Delay caused by a change in research topic
   □ Delay caused by unexpected research problems
   □ Delay caused by lost credits upon transfer to our school
   □ No unusual delay. The original length of time given to complete studies was not reasonable for an average student in this program.
   □ Documented medical illness
   □ Other (please explain on the reverse side of this form)

____________________________________  __________________________
Academic Adviser's Signature                  Date

____________________________________  __________________________
Print Name                  Department