



University of Wisconsin-Eau Claire

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 students 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