

Pacific Union College
Academic Advisor's Recommendation for Extension of Time

Date: _____ Student ID#: _____

Student's Name: _____

Academic Advisor or Department Head: The period of time initially granted to an international student to complete his or her program of study is limited by federal regulations governing F-1 student immigration status. The student named above is requesting an extension beyond the initial period granted. This form is provided to verify certain information needed to determine if the extension may be permitted under U.S. Department of Homeland Security regulations. Please complete the form and submit it to Student Services. Contact isa@puc.edu if you have questions. Thank you.

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

Major: _____ Degree: _____

I anticipate that this student will complete all requirements for the current academic program on or about (month/day/year): _____

2. Is this student making normal progress towards his/her current degree?

Yes No

3. Do you recommend this student be given additional time to complete his/her studies?

Yes No

4. 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 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.
- Delay caused by documented illness. *Student must attach required letter from a medical professional.*
- Other compelling academic reason (please explain on the reverse side of this form)

Academic Advisor's Signature

Title

Academic Advisor's Name (print)

Department

Campus Extension

Date