



F- 1 STUDENT PROGRAM EXTENSION APPLICATION

Student's name _____ T# _____

Student's telephone number _____ E-mail _____

Faculty Advisor or Department Chair / Dean: The F-1 visa student whose name appears above wishes to apply for an extension of the time allocated for completion of his or her program of study. We would be grateful if you would complete this form and return it to International Services Office. This information is needed to satisfy the regulations of the U.S. Department of Homeland Security. Thank you.

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

2. Do you recommend that this student be given additional time to continue his or her studies?
_____ yes _____ no

3. Expected date of student's degree completion _____
month / day/ year

3. The student has not yet completed the current program of study due to (please check all that apply):

- Delay caused by a change in research topic
- Delay caused by unexpected research problem
- Other (please explain on the reverse side of this form)

Faculty Advisor Signature

Title

Print name

Campus Address

Telephone

Date

International Services Office

Tel: 313-993-3323

Office: Reno Hall Basement