Regent University
Office of International Student Services

ACADEMIC ADVISOR RECOMMENDATION
FOR
EXTENSION OF TIME FOR PROGRAM OF STUDY

To be completed by student:
Date: ____/____/____  Name:___________________________________________________________
Last   First   Middle
Student I.D.#_________________________  MAJOR:___________________________________
Local Phone:________________________ E-mail:  ______________________________

NOTE:    Student must attach:   1. Current Academic Degree Plan  2. SEVIS I-20 Request Form
3. OISS Financial Affidavit  (items #2&3 are found on the OISS homepage.)

Academic Advisor:
This form is provided for your convenience and is designed to facilitate the communication of certain
information required by regulations of the U.S. Citizenship and Immigration Service (CIS). The foreign
student whose name appears above wishes to apply for an extension of the time allocated for completion of
his or her program of study.  Advisor: Please complete the segment below in full and return it directly
to the Manager of International Student Services: Student Center Suite 201.

1. The student is engaged in the following academic program:
   Major___________________________ Degree________________________________
   Number of credits required for the degree: ____________ remaining :______________
   Semester/Year expected to complete program of study (m/d/y): _____/_____/_____
   PHD ONLY: Date of candidacy exam: _____/_____/_____
   PHD ONLY: Date of comprehensive exam: _____/_____/_____
   MASTER’S Candidate Information: ___formal coursework completed   or   ___enrolled less-than
   full-time   Will complete degree on or by: _____/_____/_____

2. Is this student making normal progress towards his or her current degree? ____yes  ____no
   Comments:

3. Do you recommend this student be given additional time to continue his or her studies?
   ____yes   ____no
   Comments:

4. This student has not yet completed the current program of study due to:
   __ 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 university
   __ No unusual delay:
   __ Other (please explain on the reverse side of this form)

   Name    Signature    Title             Date
   Phone: ____________________________   Office Location:__________________

OISS USE ONLY: ☐ SEVIS ____/____/____  ☐ Denied - see file.   OISS Initials_____
Student Pick-Up:  Student Signature: ____________________________Date: ____/____/____OISS Initials_____

OISS-01/05jm