UNIVERSITY OF HARTFORD
International Center

ACADEMIC ADVISOR’S RECOMMENDATION TO EXTEND PROGRAM COMPLETION DATE
International Students who are unable to complete their program of study in a timely manner and require an extension of their stay must complete this form and submit it to the International Center for approval.

Student: Please submit this form to the International Center along with (1) your current I-20 and (2) updated financial documents or proof of funding if required.

Family Name________________________ First Name______________________________
Student ID#________________________________ SEVIS ID # _______________________
E-mail ______________________________ Local Phone # ____________________________
Extension requested for ☐Fall 20___ ☐Spring 20___ ☐Summer 20___
Signature__________________________________________________________ Date__________________________

Academic Advisor or Department Head: The international student whose name appears above has requested an extension of time to complete their program of study beyond what is normally anticipated. Please complete the form in full and return it to the International Center, GSU 327, Attn: Richard Lazzerini.

1. The student is engaged in the following academic program:
   Major___________________________________ Degree ____________________________
   Number of credits required for the degree__________________________
   Semester/Year expected to complete program of study (month/day/year) ______________________
   Graduate Students: Expected date of thesis completion, required exam or recital ______________________
   Doctoral Students: Expected date of comprehensive exam, defense or other requirement ______________________

2. Is this student making normal progress towards his or her degree in accordance with University standards? Yes_____No_____

3. Do you recommend that this student be given additional time to continue 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 a change in research topic
   ☐ Delay caused by unexpected research problem(s)
   ☐ Delay caused by lost credits upon transfer to the University of Hartford
   ☐ Delay caused by medical leave of absence
   ☐ No unusual delay: The original length of time given to complete studies was not reasonable for a “typical” student in this program.
   ☐ Other ____________________________________________________________________________

Please clarify your response from above (this information is needed should the USCIS audit this student’s record)
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Signature________________________________________ Title__________________________
Print Name________________________________________ Date________________________%
Campus Address __________________________________ Email ____________________________ EXT: _________________

International Center: ☐ Approved ☐ Denied PDSO __________________________ Date__________ (revised 2/2014)