

MOREHEAD STATE UNIVERSITY
International Student Services

Academic Advisor's Recommendation
For
Extension of Time Limitation for a Program of Study

Date: _____ Student ID No. _____ Student E-mail _____
Family Name _____ First Name _____
Address _____ Phone _____

Academic Advisor: This form is provided to facilitate the communication of certain information required by regulations of the U.S. Citizenship and Immigration Services (USCIS). Its completion is needed for a student in F-1 status to be granted an extension of the time limitation placed by the USCIS upon the student's current program of study. Any questions you may have can be directed to Pamella Jaisingh or Amy Roe @ 606-783-2096. Please complete this form in full and return it to the Office of International Student Services, 234 ADUC. Thank you for your assistance.

1. The student is engaged in the following academic program:
Major _____ Degree _____
Number of credits required for degree _____
Semester/year expected to complete program of study ____/____/____ (MM/DD/YY).
2. Is the student making normal progress towards his/her current degree?
 Yes No
3. Do you recommend 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 reasons which apply)*
 - Delay caused by a change in major field of study
 - Delay caused by lost credit upon transfer to our school
 - Delay caused by change in research topic
 - Delay caused by unexpected research problems
 - No unusual delay. The original length of time given to complete studies was not reasonable for an average student in this program
 - Other (please explain on the reverse side of this form)

Academic Adviser's signature: _____ Date: ____/____/____/

Title (please print): _____ Dept: _____

For office use only:

Date received from the advisor: ____/____/____ (MM/DD/YY)

Comments: _____
