



STUDENT INFORMATION

LAST/FAMILY NAME, capitalized

First/Given Name

E-mail Address

Telephone Number

Current Academic Degree Level

Academic Department

Current I-20 or DS-2019 Expiration Date

Date expected to complete all degree requirements (including thesis/dissertation)

Please answer the following:

- Yes/No I maintained full-time enrollment throughout my academic program
Yes/No I am making normal progress toward completion of degree program
Yes/No I require an extension due to academic dismissal or suspension

Submit this form along with the following: Supporting proof of funding, as needed; Dependent information, if applicable. *Electronic submission is preferred*

STUDENT Signature: _____ Date: _____

TO DEPARTMENT ADVISOR

To be completed by the Academic Advisor, Department Head, or Dean. If the department or school will provide continued funding (tuition scholarship, stipend, health insurance coverage, etc.) through the requested extension period, please attach a letter outlining this continuation of support.

Student's anticipated completion date: _____

Describe why the student's program could not be completed within the allotted time: _____

Check All That Apply

- Change of major, Change of academic degree level, Change of research topic, Unexpected research problems, Original length of program was insufficient, Other, please explain: _____

ADVISOR Signature: _____ Date: _____

ADVISOR Name & Title: _____

I-20 AND DS-2019 EXTENSIONS FOR DOCTORAL STUDENTS BEYOND 7 YEARS OF STUDY REQUIRE SIGNATURE AUTHORIZATION FROM ASSOCIATE DEAN RICHARD HOOVER OF THE GRADUATE SCHOOL.

GRADUATE SCHOOL SIGNATURE: _____ Date: _____

