F-1 EXTENSION
Academic Advisor’s Recommendation Form

To the Academic Advisor:
The student named below is an international student in F-1 Immigration status, but his/her F-1 document will expire soon. The student has informed us that additional time will be needed to complete his/her academic program. The Department of Homeland Security's Student and Exchange Visitor Information System (SEVIS) will permit us to extend a student's expected completion date for compelling academic or medical reasons. Delays to completion caused by academic probation or suspension are not SEVIS acceptable reasons for program extension. If applicable, please choose one of the reasons below and indicate a new expected completion date. Please contact the International Student & Scholar Office at 410 704-2421 to discuss any other reasons the student may have for the delay in finishing. Thank you for your assistance with this request.

Student's Name:__________________________________________________________

Date Student's Status will expire:__________________________________________

Academic Advisor's Name:________________________________________________

Academic Department:____________________________________________________

The student named above has not yet completed his/her current program of study. This delay has been caused by:

[  ] a change in major field of study.
[  ] lost credits upon transfer.
[  ] a change in research topic.
[  ] unexpected research problems.
[  ] documented illness. (Student must submit documentation to the ISSO)
[  ] other reason(s). (Please explain briefly and contact the ISSO to discuss. Thank you.):

________________________________________________________________________

Based on your evaluation of the student's completed coursework and assuming the student will continue as a full-time student (at least 12 credit hours per semester for undergraduates; at least 9 credit hours per semester for graduate students), when will he/she actually complete all requirements for completion of his/her current academic program?

NEW COMPLETION DATE: ________________________________________________

(month/day/year)

I hereby recommend that this student be allowed additional time to complete his/her study or degree program at Towson University.

________________________________________________________________________

Academic Advisor’s Signature______________________________________________

Date__________________________ Phone Number__________________________