

**ACADEMIC ADVISOR'S RECOMMENDATION FORM
FOR EXTENSION OF TIME LIMITATION FOR A PROGRAM OF STUDY**

This form is provided for your convenience. The information requested is needed to comply with U.S. federal immigration regulations governing F and J international students. The international student named below is applying for an extension of the time limitation placed on the current program of study. Please complete this form in full and return it to the Office of International Student & Scholar Services, N.A. Rockefeller Center, G-1 (fax to 607-777-2889; scan to intl.extend@binghamton.edu)

Student completes all items on this page:

Student Name: _____
(please print)

SEVIS ID NUMBER on Form I-20 or DS-2019: N _____ (located at top right corner of I-20 or DS-2019)

"B" Number: _____ Phone: _____

**E-Mail: _____

Please do not use a yahoo.com e-mail address.

(Be sure to check your e-mail for messages from ISSS staff regarding your extension application)**

Processing Alerts: Be sure to answer all questions.

1. Travel:

Do you plan to travel out of the U.S. soon? Yes ___ No ___ Will you need to apply for a new visa? Yes ___ No ___

Date you will leave the United States: _____ Date of Your Return: _____

2. Dependents:

Do you have dependents living in the United States? Yes ___ No ___

How many dependents are with you in the United States? ___ Spouse ___ Number of children ___

3. Funding

Do you expect to receive funding from your academic department during the extension period? ___ Yes ___ No

4. Is the academic major listed on your current I-20 correct? Yes _____ No _____

5. How many credits will you register for in the extension period? Fall _____ Spring _____ Summer _____

Current U. S. Address:

Home Country Address:

(ADVISOR'S SECTION ON REVERSE→)

Only Advisors may complete the following section (all information requested is required):

Advisors, please note: extension of stay cannot be granted due to issues related to internship or employment, unless internship\employment is a degree requirement for this student's degree.

1. I anticipate that this student will complete all the requirements for their current program of study on or about: (These are the official degree certification dates for Summer, Fall, Winter and Spring Session)

___ August 17, 2012 ___ December 23, 2012 ___ January 27, 2013 (Winter Session for UG only),
___ May 19, 2013 ___ August 16, 2013 ___ December 22, 2013 ___ May 18, 2014
A date farther into the future: _____ (Approximate)

2. Student's level of study: ___ Bachelor's ___ Master's ___ PhD

3. Student's current field of study: _____

Question 4 and 6 must be answered for all students:

This student has not yet completed the current program of study due to (please check all reasons which apply):

- ___ Delays caused by a change in academic major *
(* Student must have declared change of major with Office of Student Records)
- ___ Delays caused by a change in research topic
- ___ Delays caused by unexpected research problems
- ___ Delays caused by lost credits upon transfer to our school
- ___ Delays caused by medical condition (official documentation from treating physician required)
- ___ Other (please specify) _____

5. If this student has received more than one extension, please explain in detail why an additional extension of stay is necessary: _____

**6. _____ This student's progress toward his/her degree is satisfactory.
_____ Student's progress toward his/her degree is not satisfactory.
Please explain why student's progress is not satisfactory:)**

I therefore recommend that this student be allowed additional time to complete studies.

Advisor's Signature

Advisor's email address

Advisor's Name & Title (please print)

Telephone

Department (please print)

Date: