EXTENSION OF STAY FOR F-1 AND J-1 STUDENTS ACADEMIC ADVISOR'S RECOMMENDATION FORM BINGHAMTON UNIVERSITY INTERNATIONAL STUDENT AND SCHOLAR SERVICES

STUDENT COMPLETES THIS SEC	TION:				
Student Name:					
E-Mail Address:		Phone:			
ACADEMIC ADVISOR/GRADUA	TE ADVISOR/MAJOR	PROFESSOR COI	MPLETES THIS SEC	CTION:	
PLEASE NOTE: International stu complete their course of study Stay. By completing this form, yo	by the program end	date listed on the	eir I-20/DS-2019, n	nust apply for an Extension of	
Student's NEW expected graduate**Please note, only Undergraduate				Winter 20	
Number of credits student will r	egister for during th	e extension perio	d: Fall Spring	Summer Winter	
Student's Degree Level:	Bachelor's	Master's	Docto	rate	
Student's Field of Study:					
Delays caused by a Delays caused by u Delays caused by lo Delays caused by m		major *Change of opic oroblems ifer to our school icial documentati	major must be dec	lared with Student Records*	
Is the student making satisfacto	ry degree progress:	Yes	No		
If this is NOT the student's first degree progress and why an add			detail how the stu	dent is making satisfactory	
Based on the above information	n, I recommend this s	student receive a	dditional time to o	complete degree requirement	ts:
Advisor's Signature	Prir	nt Name and Title		Phone	
 Department	 Ema	ail		 Date	

To Submit Application: Login to https://is.binghamton.edu/. Click on the "LOGIN" button under "Current Students, Faculty or Staff" and enter your BU login information. Click on "Academic Services" and then "Extension of Stay Request".