

**International Student and Scholar Services
Binghamton University Box 6000
Binghamton, New York 13902-6000
607-777-2510 (phone)
607-777-2889 (fax)**

**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: 607-777-2889)

Student completes this section:

Student Name: _____
(please print)

"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 _____

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:

(over)

Only Advisors complete this section: (All information requested is required.)

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 Winter Session, Spring, Summer and Fall)

August 20, 2010 December 19, 2010 January 23, 2011 (Winter Session for UG only)
 May 22, 2011 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:

4. This student has not yet completed the current program of study due to (please check all reasons which apply): Please note extension of stay cannot be granted due to issues related to internship or employment.

- Delays caused by a change in academic major *
(* Student must have declared change of major with Registrar's Office)
- 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: _____