

**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 all sections of this form** and return it to the Office of International Student & Scholar Services, Library South Ground Floor, Room LSG 500, (fax to 607-777-4649; 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. Number of credits will you register for during 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.

I have had a discussion with this student. I confirm that he/she will complete all the requirements for the current program of study on (Please indicate the month, day and year below):

May____,20__ August____,20__ December____,20__ January____,20__

(Note: Only undergraduates are eligible for January graduation)

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 how the student is making satisfactory degree progress and 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

Date:

Department (please print) _____