

SUNY POLYTECHNIC INSTITUTE

International Student Services
100 Seymour Road
Utica, New York 13502
(351) 792-7500

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 Services, Student Center, Room Number S105.

Student completes this section:

Student Name: _____
Last Name First Name

Student U ID: _____

SUNY Poly E-Mail ONLY: _____

Phone: _____

Be sure to check your e-mail for messages from ISS staff regarding your extension application

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 _____

Current Address: _____
Apt/House Number Street City State Zip

Home Country Address:

Advisor completes this section: (please complete front and back sections)

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 Fall, Spring, and Summer)

January 25, 20__ (Winter Session) May 17, 20__ August 14, 20__
 December 20, 20__ January 24, 20__ (Winter Session)
 May 20, 20__ 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. Please note extension of stay cannot be granted due to employment issues.

4. 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*
(*change of major must already be declared 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: