



Auburn University at Montgomery  
Office of Global Initiatives

PO Box 244023  
Montgomery, AL 36124

**Program Extension**

This form should be completed by the Academic Advisor.

**Name of Student:** \_\_\_\_\_, \_\_\_\_\_  
Family name Given name

**Student ID #:** \_\_\_\_\_

**Major:** \_\_\_\_\_

**Level of Study:** \_\_\_\_\_ Bachelor's \_\_\_\_\_ Master's \_\_\_\_\_ Doctoral

After reviewing the student's academic record, I **expect that he/she will complete** all requirements for this program on or about:

\_\_\_\_\_  
Month Day Year

This student needs additional time to complete his/her degree for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Advisor's Name Title Academic Department**

\_\_\_\_\_  
**Advisor's Signature Telephone Number**

\_\_\_\_\_  
**Date**