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