EAST TENNESSEE STATE UNIVERSITY

F-1 PROGRAM EXTENSION

ACADEMIC ADVISOR'S RECOMMENDATION

An international student who is not able to complete a degree program by the end date on the form I-20 must apply for a program extension, at least 30 days in advance of the expiration date. Failure to comply with this requirement violates the terms of the student's F-1 status and consequent loss of legal status.

The program extension may be granted only under certain circumstances. Delays caused by academic probation or suspension, for example, are not acceptable reasons for a program extension. The application for extension must be made at least 30 days before expiration date on I-20. The application must contain this Academic Advisor's Recommendation form and all applicable financial documentation. An incomplete application form will not be reviewed. For questions, email or call the Office of International Student and Scholar Services.

Part I (to be completed by the student)

Name: Last: _____ First:_____ E#: _____

Current expiration date on the I-20 form: _____ mm/dd/yyyy

Write Source and amount of funding:

_____

_____

Attach the Financial Agreement Form and all applicable document(s), including bank statements, current scholarship information/contract, etc. to this form.

*Departments: If your department is providing a scholarship/funds to this student please list what is covered (such as instate tuition, out of state tuition, program fees, etc.): _____

_____

Part II (to be completed by the Academic Advisor/Graduate Coordinator)

1. **Advisor/Coordinator Name, Title, and Department**: _____

_____

2. **This student has not yet completed the current course of study due to:**

   The original period of time given on the I-20 is not sufficient for the student to finish the degree. The student has been making normal academic progress.

   Delay caused by a change in major field of study.

   Delay caused by change in research topic.

   Delay caused by unexpected research problems.

   Delay caused by student's need to take pre-requisite courses.

   The student had medical reasons.

   Other (please explain)

   _____

   _____

3. **When is this student expected to complete his or her studies?** _____ mm/dd/yyyy

4. **I hereby recommend this student be granted an extension of stay until the date specified above to allow sufficient time to complete his or her degree program at ETSU.**

_____ _____ _____

Advisor/Coordinator Signature   **Date**   **Telephone Number**