

Academic Advisor's Recommendation to Shorten or Extend Program



COMMONWEALTH UNIVERSITY

Please complete this form and return it to The Center for Global Engagement at your home campus.

Student Name: _____ Student ID #: P _____

Academic Advisor: This form is provided to facilitate the communication of certain information required by regulation of the U.S. Citizenship and Immigration Service (USCIS). Its completion is needed for a student in F-1 visa status to be granted a reduction or extension of time placed by USCIS upon the student's current program of study. Without verification from an Academic Advisor, a student's program end date cannot be changed.

Has this student been continuously enrolled for a full course of study during the degree program?

☐ Yes ☐ No

This student will complete requirements for his/her current program on
(New date requested – one year maximum extension per request)

(Month)

(Day)

(Year)

This student has not yet completed the current program of study due to:
(Please check all reasons that apply)

- ☐ Delay caused by change in major field of study
- ☐ Delay caused by change in research topic
- ☐ Delay caused by unexpected problems
- ☐ Delay caused by lost credits upon transfer to our school
- ☐ Not unusual delay

Original length of time given to complete studies was not reasonable for an average student in program.

- ☐ Completed program requirements early
- ☐ Other (Please explain on the reverse side of this form)

I therefore recommend that this student be allowed additional time to complete studies, or I recommend that this student be allowed to shorten the academic program as he/she has completed program requirements early.

Academic Advisor's Signature: _____

Name and Title (Please Print): _____

Department (Please Print): _____

Phone: _____ E-Mail: _____ Date: _____