



1 UNF Drive  
 Jacksonville, FL 32224  
 Phone: (904) 620657 Fax: (904) 6208925  
 E-mail: intlctr@unf.edu

INTERNATIONAL CENTER

**ACADEMIC ADVISOR'S RECOMMENDATION FOR  
 EXTENSION OF TIME FOR A PROGRAM OF STUDY**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

STUDENT I.D. # \_\_\_\_\_ MAJOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE # \_\_\_\_\_

Academic Advisor or Department Head: The international student whose name appears above wishes to apply for an extension of time in order to complete his or her program of study. This form is provided for your convenience and is designed to facilitate the communication of certain information required by the U.S. Citizenship and Immigration Service. Please complete both this sheet and the attached and have the student return it to the International Center, Building 58E/ Room 2300

1. The student is engaged in the following academic program:  
 Major \_\_\_\_\_ Degree \_\_\_\_\_  
 Student still needs \_\_\_\_\_ credits to complete all coursework (excluding thesis, dissertation, or equivalent requirement).  
 Date expected to complete program of study (month/year) \_\_\_\_\_
2. Is this student making normal progress towards his or her current degree? ~~Yes?~~ No
3. Do you recommend this student be given additional time to continue his or her studies?  
 Yes                      No
4. This student has not yet completed the current program of study due to (check all that apply):  
 \_\_\_ change in major field of study (new major) \_\_\_\_\_  
 \_\_\_ change in research topic \_\_\_\_\_

**REQUEST FOR EXTENSION OF STUDIES**  
**Course Plan for Graduation**

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

STUDENT I.D. # \_\_\_\_\_

**Academic Advisor or Department Head:** The international student whose name appears above wishes to apply for an extension of time in order to complete his or her program of study.

**Please complete the section below by indicating the courses remaining (in the next three terms) for completion of studies. Please return this form to the International Center, Building 58E / Room 2300.**

Summer / Fall / Spring 20\_\_\_\_ : Course 1 \_\_\_\_\_  
Course 2 \_\_\_\_\_  
Course 3 \_\_\_\_\_  
Course 4 \_\_\_\_\_  
Course 5 \_\_\_\_\_

Summer / Fall / Spring 20\_\_\_\_ : Course 1 \_\_\_\_\_  
Course 2 \_\_\_\_\_  
Course 3 \_\_\_\_\_  
Course 4 \_\_\_\_\_  
Course 5 \_\_\_\_\_

Summer / Fall / Spring 20\_\_\_\_ : Course 1 \_\_\_\_\_  
Course 2 \_\_\_\_\_  
Course 3 \_\_\_\_\_  
Course 4 \_\_\_\_\_  
Course 5 \_\_\_\_\_

If more semesters are needed please comment here:

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Advisor/Dept. Head - Signature

Title

Ext. #

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Advisor/Dept. Head - Print Name