Academic Advisor’s Certification
F-1 or J-1 Program Extension

This form is required by Center for International Programs when a student exceeds the time limitation for completion of studies set forth on his/her immigration document.

Please complete and return this form to the student or mail to CIP (1234 University Center East).

Today’s Date: ___________________ Student USI ID #: _______________________

Student’s Name: ____________________________________________________________

Academic Advisor’s / Depart. Head’s Name: __________________________________

Title: ___________________________ Phone Number: ___________________________

Email: _________________________________________________________________

I certify that this student is working towards a:

[   ] Bachelor’s

[   ] Master’s

Degree in the field of: _____________________________________________________

This student has not been able to finish degree requirements in a timely manner for the following reason (please select one):

[   ] The student changed his/her major

The student has not finished all coursework requirements

[   ] The student has experienced an unexpected delay in thesis research

I expect the requirements for this degree program to be completed in:

[   ] Fall 20_____

[   ] Spring 20_____

[   ] Summer 20_____

____________________________________________________
Signature of Academic Advisor/Department Head

____________________  _______________________
Date

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