

Academic Advisor's Recommendation for Extension of Time Limitation for a Program of Study

International Services

131 East Tenth Street, Claremont, CA 91711 | (909) 607-0434 | international@cgu.edu

To the Student: The student will need to provide an updated Affidavit of Financial Support form (located online at myCGU international page, along with updated financial proof. These items can be scanned/faxed to your International Services Staff, but eventually we will need the originals for your file. To review SEVIS regulations extension of time, refer to [214.2\(f\)\(7\)\(iii\)](#)

Student Information

CGU ID# 254 - _____

Last Name _____

First Name _____

Department/Program _____

Degree _____

Student Signature _____

To the Academic Department: This form is provided to facilitate the communication of certain information required by regulations of the USCIS office. Its completion is needed for a student in F-1/J-1 status to be granted an extension of the time limitation placed by the USCIS. The reason for the extension needs to come from the department, without any guidance from the student. **The department should deny the request if it deems that there is not an approved reason for an extension.** Please be as detailed as possible on the reason for the extension. Please provide additional documentation, if needed.

1. Has this student been continuously enrolled for a full course of study? ☐ Yes ☐ No
2. Is this student currently in good academic standing (i.e. not on academic probation)? ☐ Yes ☐ No
3. This student will complete requirements for his/her current program on or around: ____/____/____
(month/day/year)

4. This student has not yet completed the current program of study due to (please check all reasons which apply):

- ☐ Authorized reduce course load that delayed completion
- ☐ Illness or medical condition (documentation from a medical provider will be required)
- ☐ Delay caused by unexpected research problems
- ☐ Delay caused by a change in research topic
- ☐ Circumstances beyond student's control (documentation explaining how the events directly effect academic progress will be required)
- ☐ Other (please explain) _____

I therefore recommend that this student be allowed additional time to complete studies.

Academic advisor's signature: _____

Name and title (please print): _____

Date: _____

Dual Degree Students: We will need a signature from both departments

Academic advisor's signature: _____

Name and title (please print): _____

Date: _____