To be completed	d by student: L	AST 6 OF BAI	NNER ID #				
Name of Student							
Last			First		İ	Middle	
Degree Level:	Bachelor's	Master's	Doctoral	Other	Major Field of	Study:	
Note: If you are if from each program(s) confi	am. If the extens	sion is based	on one of the	degree pro	grams, please pro	tion completed by svide a statemen	by the academic advisor tt from the other
							I-20/DS-2019. If fail to /DS-2019 expires.
			st be maintainir	ng status, ma	king normal progre	ess toward comple	etion of degree, and
	nic requirement		who can dem	nnetrata that	they have compell	ing academic or r	medical reasons [8 CFR
214.2(f)(7)(iii)		eu lo siduents	wilo can demo	Jiistiate tilat	iney have compen	ing academic of it	nedical reasons to or it
Delays causeExtension req	d by academic p	granted solely	y because the				CFR 214.2(f)(7)(iii)]. t such as Curricular
Estimating Com	pletion Date						
	students, the co				it required for his/herm in which the ca		enrolled for eight (8)
 For all maste 						npletion date is the	e last day of the final
To be completed	l butha Asada	i-/Cassits: A	duican				
To be completed	by the Acader	nic/Faculty A	avisor:				
Required credit h					ng current term enro	llment)	
Estimated comple			(term and	d year)			
Reason for delay							
	/add major field in research topi						
	cted research pr						
			of what consti	tutes accepta	able academic reas	sons for extensior	n, required for all)

As the Academic/Faculty Advisor, Chair, and Dean, I certify that the student is eligible to continue his/her studies and recommend that the student be allowed additional time to complete degree requirements. Academic/Faculty Advisor _____ Title ____ Date__ Department Chair _____ Date _____ Date __

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