

**International Student and Scholar Services
Binghamton University Box 6000
Binghamton, New York 13902-6000
607-777-2510 (phone)
607-777-2889 (fax)**

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

This form is provided for your convenience. The information requested is needed to comply with U.S. federal immigration regulations governing F and J international students. The international student named below is applying for an extension of the time limitation placed on the current program of study. Please complete this form in full and return it to the Office of International Student & Scholar Services, N.A. Rockefeller Center, G-1. (Fax: 607-777-2889)

Student completes this section:

Student Name: _____
(please print)

"B" Number: _____

**E-Mail: _____ Phone: _____

Please do not use a yahoo.com e-mail address.

(Be sure to check your e-mail for messages from ISSS staff regarding your extension application)**

Travel Alert:

Do you plan to travel soon? _____

Do you need to apply for a new visa? _____

Date you will leave the United States: _____

Date of Return: _____

Do you have dependents living in the United States? ___ yes ___ no

How many dependents are with you in the United States? ___ spouse ___ number of children ___

Current Address:

Home Country Address:

Advisor completes this section: (please complete front and back sections)

1. **I anticipate that this student will complete all the requirements for their current program of study on or about:** (These are the official degree certification dates for Summer, Fall and Winter Session)

___ December 20, 2009 ___ January 24, 2010 (Undergraduates only - Winter Session)

___ May 16, 2010 ___ August 20, 2010 ___ December 19, 2010

___ January 23, 2011 (Undergraduates only) ___ May 22, 2011 ___ August 19, 2011

___ future date _____ (approximate)

2. Student's level of study: ___ Bachelor's ___ Master's ___ PhD

3. Student's current field of study: _____

(over)

Question 4 and 6 must be answered for all students:

4. This student has not yet completed the current program of study due to (please check all reasons which apply): Please note extension of stay cannot be granted due to issues related to internship or employment.

- Delays caused by a change in academic major *
(* Student must have declared change of major with Registrar's Office)
- Delays caused by a change in research topic
- Delays caused by unexpected research problems
- Delays caused by lost credits upon transfer to our school
- Delays caused by medical condition (official documentation from treating physician required)
- Other (please specify) _____

5. If this student has received more than one extension, please explain in detail why an additional extension of stay is necessary: _____

6. _____ This student's progress toward his/her degree is satisfactory.

_____ Student's progress toward his/her degree is not satisfactory.

Please explain why student's progress is not satisfactory: _____

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

Advisor's Signature

Advisor's email address

Advisor's Name & Title (please print)

Telephone

Department (please print)

Date: _____