



LETOURNEAU UNIVERSITY OFFICE OF GLOBAL INITIATIVES

Request for Extension of Program

To be completed by the student:

Date: _____

Name: _____ ID: _____

Date of Expiration on I-20: _____

To be completed by the Academic Adviser:

The above named student is applying for an extension of his or her immigration documents. Please provide the information requested below.

1. The student is engage in the following academic program:

Major: _____ Degree: _____

2. Has the student been making normal progress toward his or her current degree? Yes No

3. This student will complete requirements for his/her current program on or about: _____
(mm/dd/yyyy)

4. This student has not yet completed the current program of study due to:

(Please check all that apply)

_____ Delay caused by a change in major field of study.

_____ Delay caused by lost credits upon transfer to our school.

_____ Delay caused by unexpected research problems.

_____ No unusual delay. The original length of time given to complete studies was not reasonable for an average student in the program.

_____ Delay caused by documented illness(es). Documentation must be on file.

_____ Other (please explain): _____

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

Academic Adviser's signature: _____

Name and title (printed): _____

Department: _____

Date: _____

Please return this form to the Office of Global Initiatives.