Salisbury University

Center for International Education

1101 Camden Avenue

Salisbury, MD 21801-6860

Phone: 410-677-5495

Fax : 410-677-6563

[www.salisbury.edu/intled/](http://www.salisbury.edu/intled/)

email: axliszkowska@salisbury.edu

# REQUEST FOR PROGRAM AND I-20 EXTENSION FORM

# The purpose of this form is to obtain information required to establish student’s eligibility for program and I-20 extension. This form must be completed by the student’s Academic Advisor.

# Note: this form must be returned to the International Student Advisor before student’s current I-20 expires.

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Field of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# ACADEMIC ADVISOR’S RECOMMENDATION FOR PROGRAM EXTENSION

1. Has this student been continuously enrolled in a full course of study?

* Yes
* No

2. Reasons for extension (please check all the apply):

* Delay caused by a change in major field of study

Change of major from \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_.

* Delay caused by additional major/minor requirements.
* Delay caused by loss of credits upon transfer to Salisbury University.
* Delay due to health issues (please attach a doctor’s note).
* No unusual delay. The original length of time given to complete studies was not reasonable for an average student in this program.
* Other (please attach a detailed letter of explanation).

Note: Academic probation/suspension/dismissal are not valid reasons for this extension.

I certify that the above named student is making normal progress toward his/her degree, with a new prospective completion date of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I recommend that this student be allowed additional time to complete his/her program.

Name and Title (please print or type):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form to:

Agata Liszkowska

International Student Advisor

Salisbury University

Salisbury, MD 21801