COPPIN STATE UNIVERSITY

Division of Student Affairs
Office of International Student Services

ACADEMIC ADVISOR'S RECOMMENDATION FOR A PROGRAM EXTENSION

Date_____ CSU ID#_____E-mail_____

Family Name_____ First Name_____

Local Address_____ Local Phone #_____

City_____ State_____ Zip_____

Academic Adviser or Department Head: The international student whose name appears above wishes to apply for an extension of the time allocated for completion of his or her program of study. Please complete the form in full and return it to the student, who will return form to the Office of International Student Services.

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

Major_____ Degree_____

Number of credits required for degree_____

When is student expected to complete program of study (month or semester/year)_____

2. Is this student making normal progress towards his or her current degree: ❑ yes ❑ no

3. Do you recommend this student be given additional time to continue his or her studies:
   ❑ yes ❑ no

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 a change in research topic

   ❑ Delay caused by unexpected research problems

   ❑ Delay caused by lost credits upon transfer to our school

   ❑ No unusual delay. The original length of time given to complete studies was not reasonable for an average student in this program (Please explain on reverse side of this form why length of time given was not reasonable)

   ❑ Other reason (Please explain):

_____

Signature Title

_____

Print Name Campus (Address) Date