

Academic/Faculty Advisor Recommendation Form

For I-20 Extensions

| To be completed by student: Empl ID # Email address | | | | | | |
|---|--------------|------------|-----------------------|--|--|--|
| Last | | First | Middle | | | |
| Degree Level: | □ Bachelor's | □ Master's | Major Field of Study: | | | |

Eligibility Criteria for I-20 Extension (please review this information before signing the form)

- To be eligible for extension, the student must be maintaining status, making normal progress toward completion of degree, and have academic requirements remaining.
- Extensions may only be granted to students who can demonstrate that they have compelling academic or medical reasons [8 CFR 214.2(f)(7)(iii)].
- Delays caused by academic probation or suspension are not acceptable reasons for program extension [8 CFR 214.2(f)(7)(iii)].
- Extension requests will not be granted solely because the student was delayed by engaging in employment such as Curricular Practical Training (F-1).

Estimating Completion Date

• The final term is the last term the student is registered for classes/credit required for his/her degree.

| To be completed by the Academic/Faculty Advisor or | Student Services staff member: | | | | |
|---|--|--|--|--|--|
| Required credit hours remaining: | (excluding current term enrollment) | | | | |
| (terr | n and year) | | | | |
| Estimated completion date: | | | | | |
| | belling academic reason(s) (<i>please review Eligibility Criteria above for the</i> s for extension and on official letter head explain the compelling academic udent and Scholar Services office at 718-951-4477 | | | | |
| As the Academic/Faculty Advisor or Student Services staff member, 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. | | | | | |
| Name Title | Date | | | | |
| | School or Department | | | | |