

University of South Carolina Aiken
International Programs
Program Extension Request for F-1 Students
Academic Advisor's Recommendation

Name of student: _____ ID#: _____
Last name, First name

Academic Major: _____

Degree: Associates Bachelor's Master Other: _____

To Academic Advisor:

This recommendation for the I-20 extension is for Immigration and Naturalization purposes. Immigration regulations allow an F-1 student to extend the length of stay in the U.S. for **“compelling academic or medical reasons” [8CFR § 214.2 (f)(7)(iii)]**. Below you will find several reasons that may apply to this student. Please indicate any or all that apply. If the categories do not fit, use “Other” and specify the circumstances. Please note that “probation” or “suspension” is not considered as adequate reason to request an extension, and that the maximum length of time for an extension is 12 months.

To the best of my ability to determine, the above-named student will need an extension to complete his/her degree for the following reason(s):

- Change of major.
 - Change in research topic.
 - Documented illnesses.
 - Transfer from another institution resulted in the loss of some credits.
 - Other. Please specify _____
-

New estimated date of graduation: _____
Month/Year

Full Name: _____

*Please note that the Academic Advisor, Department Head or the Dean can sign this form.

Email: _____ Phone: _____

Signature: _____ Date: _____

STUDENT IS EXPECTED TO SUBMITT NEW FINANCIAL DOCUMENTATION

Return completed and signed form to Dr. Maria Anastasiou, Int'l Programs, Box 13.