STUDENT LIFE
INTERNATIONAL CENTER
UNIVERSITY OF MICHIGAN

# Academic/Faculty Advisor Recommendation Form For I-20/DS-2019 Extensions

**To be completed by student:** UMID # _____ Uniqname _____

Name of Student_____
Last First Middle

Degree Level: ☐ Bachelor's ☐ Master's ☐ Doctoral ☐ Other Major Field of Study: _____

**Note: If you are in a joint or dual degree program, you will need to have a recommendation completed by the academic advisor from each program. If the extension is based on one of the degree programs, please provide a statement from the other program(s) confirming that it has been completed and does not require an extension.**

**Eligibility Criteria for I-20/DS-2019 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) or Academic Training (J-1).
- PhD students must comply with Rackham's "Time Limit for completing a Doctoral Degree" policy http://www.rackham.umich.edu/policies/academic_policies/section5/#541

**Estimating Completion Date**

- The final term is the last term the student is registered for classes/credit required for his/her degree.
- For all Rackham Ph.D. students, the completion date is the last day of the final term in which the candidate must be enrolled for eight (8) hours to defend. The Rackham grace period is not included in the extension.
- For all non-Rackham master's or doctoral students whose academic program requires a thesis, the completion date is the last day of the final term in which the student satisfies all academic requirements for the degree.

**To be completed by the Academic/Faculty Advisor or Student Services staff member:**

Required credit hours remaining *(including DISS-CAND 995 enrollment)*: _____ *(excluding current term enrollment)*
Estimated completion date : _____ *(term and year)*
Reason for delay *(check all that apply)*:

- ☐ Change/add major field of study
- ☐ Change in research topics
- ☐ Unexpected research problems
- ☐ Student needs more time due to **the following compelling academic reason(s)** *(please review Eligibility Criteria above for the explanation of what constitutes acceptable academic reasons for extension)*:

_____

_____

If none of these apply, please contact an International Student and Scholar Advisor at the International Center at 734-764-9310.

**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 _____

Signature _____ School or Department _____

Phone _____ Uniqname _____



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