



REQUEST FOR AN EXTENSION OF PROGRAM

The information requested on this form is needed to comply with U.S. Citizenship and Immigration Services (USCIS) regulations. This form serves as a request for approval to extend the program end date for the current program of study. **Permission from the PDSO must be obtained before the student registers for classes.**

One program extension for academic reasons and one program extension for medical reasons is allowed at each education level. Extensions can be granted for up to one (1) additional year of study per extension reason. If requesting an extension for a medical reason, official documentation of illness and/or medical condition must accompany this request form.

I. TO BE COMPLETED BY THE STUDENT

Student Name _____ Morrisville ID # _____
Email _____ Phone _____
Major _____ Degree _____ Ant. Graduation Date _____
Extension Requested to: Fall _____ Spring _____
Reason for Extension _____

Student Signature _____ Date _____

II. TO BE COMPLETED BY ACADEMIC ADVISOR

Advisor Name _____ Department _____
New Program End Date _____

____ Student's progress toward their degree is satisfactory
____ Student's progress toward their degree is unsatisfactory (explain) _____

I certify that the above-mentioned student requires additional time to complete their degree program and recommend a program extension be awarded.

Advisor Signature _____ Date _____

III. TO BE COMPLETED BY THE PDSO

PDSO Name _____ Approved _____ Denied _____
Reason for Denial _____

PDSO Signature _____ Date _____