

## RECOMMENDATION FORM FOR PROGRAM EXTENSION

**DIRECTIONS:** Please submit all documents at least two weeks before program end date listed on the I-20 or DS-2019. This form is required for all international students who plan to extend their program of study at UCSD. Student applying for program extension must complete Section 1. Academic/Faculty Advisor must complete Section 2. Student must submit completed recommendation with I-20 or DS-2019 Request Form to our office.

### SECTION 1: TO BE COMPLETED BY STUDENT

Date: \_\_\_\_\_ Degree Level:  Doctorate  Masters  Bachelors  Non-Degree/EAP

Major/Academic Program: \_\_\_\_\_ UCSD Department: \_\_\_\_\_

Current I-20/DS-2019 Program End Date: \_\_\_\_\_

Undergraduate College:  ERC  Muir  Revelle  Sixth  TMC  Warren  None

Name: \_\_\_\_\_ UCSD ID# \_\_\_\_\_  
(Last/First Name, First Name)

E-mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

### SECTION 2: TO BE COMPLETED BY ACADEMIC/FACULTY ADVISOR

I am aware of the circumstances above and recommend program extension for this student.

1. New expected date of program completion: \_\_\_\_\_  
(month/day/year)
2. Is this student making normal progress towards his/her current degree?  
 Yes  No
3. Do you recommend this student be given additional time to continue his /her studies?  
 Yes  No
4. This student has not yet completed to current program of study due to (please check all that apply):
  - Delay caused by a change in major or field of study
  - Delay caused by a change in research topic
  - Delay caused by unexpected research problems
  - Delay caused by unavailable courses this quarter
  - No unusual delay. Student needs additional time to complete program of study.
  - Other (Please specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

College/Academic Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Faculty Advisor Signature (Graduate students only): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_ Phone: \_\_\_\_\_

### SECTION 3: TO BE COMPLETED BY INTERNATIONAL STUDENT ADVISOR

Approved by \_\_\_\_\_ Date \_\_\_\_\_