PROGRAM OF STUDY - EXTENSION FORM

The Department of Homeland Security (DHS) requires International Student & Scholar Services (ISSS) Unit to have a formal academic recommendation in order process a program extension for an F-1 or J-1 student attending UC Denver.

Procedures: Please work with your academic department on the Extension Form and then return it along with new financial documents to ISSS to complete the request PRIOR to the expiration date on your current immigration document.

Section I (to be completed by student):

(First Name) ___________________________ (Last/Family Name) ___________________________
(Major & Degree) ___________________________ (Email Address) ___________________________
(Student ID number) ___________________________ (Current Immigration Status) __________

I hereby authorize my academic advisor/Dean to provide the information below as part of my request for a program extension at UC Denver.

Date: _______________ Student Signature: _______________________________________________

Section II (to be completed by Academic Advisor/Dean): This information is required by the U.S. government for ISSS to complete and process a program extension. Your assistance in completing all four questions is greatly appreciated.

1. Student’s Degree: ___________________________ Student’s major: ___________________________
   # of credits required for degree: ______  Expected term/year of completion: ___________________________

2. Is this student making normal progress towards his or her current degree?  □ Yes  □ No

3. Do you recommend this student be given additional time to continue his or her studies?  □ Yes  □ No

4. This student has not yet completed the program of study due to (please check all that apply):
   □ Delay caused by a change in major field of study  
   □ Delay caused by a change in research topic  
   □ Delay caused by unexpected research problems  
   □ Delay caused by lost credits upon transfer to our school  
   □ No unusual delay; the original length of time given to complete was not reasonable for this program  
   □ Other (please explain on the reverse side of this form)

For PhD Students:

Date of candidacy exam: _______________ Date of comprehensive exam: _______________

(Advisor Signature) ___________________________________________  (Name of Advisor) ___________________________
(Title of Advisor) ___________________________ (Department/College) ___________________________
(Date) ___________________________