Academic Advisor’s Recommendation
for
Extension of Time Limitation for a Program of Study (I-20 or DS-2019)

Student Name: ______________________________________________
Student Number: __________________
Date USCIS expects this student to complete studies: ________________

Academic Advisor: This form is provided to facilitate the communication of certain information
regulated by the U.S. Citizenship and Immigration Service (USCIS). Completion of this form is
required for a student in F-1 / J1 status to be granted an extension of the time limitation placed
by the USCIS upon the student’s current program of study. Any questions you may have can be
directed to International and Multicultural Programs at (305) 899-3082. Please complete this
form in full and return it to Claudia Biscardi or Tran Nguyen in the R. Kirk Landon Student Union
building, Suite 202. Thank you for your assistance.

1. Has this student continuously been enrolled for a full course of study? ___ Yes ___ No

2. This student will complete requirements for her/his current program on or about, ___
_____ MM/DD YY

3. This student has not yet completed the current program of study due to (please check all
reasons which 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 studies was not
   reasonable for an average student in this program.
_____ Other:
______________________________________________________________________________
______________________________________________________________________________

I therefore recommend that this student be allowed additional time to complete studies.

Academic Advisor’s signature: _______________________________
Name and title (please print): _______________________________
Department (please print): _______________________________
Date: __________________________
Date advisor received form: __________________________
Date forwarded to IMP: __________________________

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