



OFFICE OF RESEARCH SUPPORT  
AND INTERNATIONAL AFFAIRS

**Academic Advisor's Recommendation Form  
For F-1 Program Extension**

**Part I (To Be Completed By Student)**

STUDENTS NAME: \_\_\_\_\_

GALLAUDET ID#: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

MAJOR: \_\_\_\_\_ DEGREE: \_\_\_\_\_

EXPIRATION DATE ON CURRENT I-20 FORM: \_\_\_\_\_

**Part II (To Be Completed By Academic Advisor/Major Advisor)**

**Academic Advisor:** This form is provided to facilitate the communication of certain information required by regulations of the U.S. Citizenship and Immigration Services (USCIS). Its completion is needed for a student in F-1 status to be granted an extension of the time limitation placed by the USCIS upon the student's current program of study. Please complete this form in full and return it to the Office of Research Support and International Affairs (RSIA) located in Dawes House. Thank you for your assistance.

1. Has this student been continuously enrolled for a full course of study? Yes          No
2. This student will complete requirements for his/her current program on or about: \_\_\_\_\_  
(Month/Day/Year)
3. This student has not yet completed the current program of study due to:
  - \_\_\_\_\_ 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.
  - \_\_\_\_\_ Documented Illnesses (Medical documentation from a licensed medical doctor, or licensed clinical psychologist must be attached.)
  - \_\_\_\_\_ Other (Please explain) \_\_\_\_\_

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

Name and Title (Print): \_\_\_\_\_

Department (Print): \_\_\_\_\_

Today's Date: \_\_\_\_\_ Signature: \_\_\_\_\_