

Academic Recommendation for Program Extension

Please complete sections 1, 2, and 3, then take this form to your Academic Advisor for review and signature. Note that if the end-date on your I-20 has already passed you **cannot** extend. You will need to apply for reinstatement instead. **Incomplete or unsigned forms will not be accepted**.

1. Please provide the following information:

» Your name:	» Your student ID (C	» Your student ID (CCID):	
» Your Academic Advisor:	Weight and the second sec		
2. Why do you need more time to finish your c	legree? Please select ONE:		
□ I changed my major at Cambridge College			
\Box I have encountered unexpected problems with n	ny Capstone/ILP/IRP		
\Box I was injured/sick and had to take a Reduced Co	ourse Load		
□ I missed one or more term of study due to Leave			
□ Other. Please explain in detail:	Term	Year	
3. When will you graduate?			
» I plan to complete all requirements for graduation in	,,,,	Year .	
4. Please ask your Academic Advisor to review	w this information and sign:		
» By signing, the student's Academic Advisor confirms program of study is as stated in Section 2, and b) the graduation by the term and year specified in Section incorrect or inaccurate.	student should be able to complete his/	her requirements fo	
Advisor's Signature		Date	
Advisor's Name (please print)	Telephone n	Telephone number/extension	
5. Please scan and email this form to the Inter	national Student Office.		
For International Student Office use (don't fill this pa	rt out, please!):		
» I-20 extended to: » Extended b	y: » Date:		
» Student notified of extension: \Box Yes \Box No	» Notified via:		