

**Office of International Student and Scholar Services
Manhattan College
Phone: (718) 862-7213**

**ACADEMIC ADVISOR'S RECOMMENDATION FORM
FOR EXTENSION OF TIME LIMITATION FOR A PROGRAM OF STUDY**

This form is provided for your convenience. The information requested on this form is needed to comply with the United States Citizenship and Immigration Services (USCIS) regulations. The international student named below is applying for an extension of the time limitation placed on the current program of study. Please complete this form and return it to the Office of International Student and Scholar Services, Kelly Commons, Room 3.02A.

Student completes this section:

Student Name: _____

E-Mail: _____ Phone: _____

Current Address: _____ Home Country Address: _____

Assistant Dean/Advisor/Department Chair completes this section:

1. I anticipate that this student will complete all the requirements for the current program of study on or about _____/_____/_____.
month/day/year
2. Student's level of study _____ (Bachelor's or Master's)
3. Student's field of study _____
4. This student has not yet completed the current program of study due to (please check all reasons which apply):
 - _____ Delays caused by a change in major field of study
 - _____ Delays caused by a change in research topic
 - _____ Delays caused by unexpected research problems
 - _____ Delays caused by lost credits upon transfer to our school
 - _____ Other (please specify) _____

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

Assistant Dean's/Advisor's/Department Chair's Signature Name and Title (please print)

School/Department (please print) Telephone Date