

## 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 (CCID):		
» Your Academic Advisor:	_ » Current I-20 end-date:		
2. Why do you need more time to finish your degree? Please	e select ONE:		
□ I changed my major at Cambridge College			
□ I have encountered unexpected problems with my Capstone/ILP/	IRP		
□ I was injured/sick and had to take a Reduced Course Load			
<ul> <li>I missed one or more term of study due to Leave of Absence in _</li> <li>Other. Please explain in detail:</li> </ul>	Term	Year	
<ul> <li>When will you graduate?</li> <li>I plan to complete all requirements for graduation in</li></ul>	,,	Year	
4. Please ask your Academic Advisor to review this informat	ion and sign:		
» By signing, the student's Academic Advisor confirms both that a) the program of study is as stated in Section 2, and b) the student should b graduation by the term and year specified in Section 3. Please do not incorrect or inaccurate.	be able to complete his/h	er requirements for	
Advisor's Signature	Da	Date	
Advisor's Name (please print)	Telephone nu	Telephone number/extension	
5. Please scan and email this form to the International Stude For International Student Office use (don't fill this part out, please!):	ent Office.		
» I-20 extended to: » Extended by:	» Date:		
» Student notified of extension: $\Box$ Yes $\Box$ No $\Box$ » Notified via:			