Student name: __________________________________________________ ID Number: ________________

The student will also need to provide an updated Affidavit of Financial Support form (located on-line at http://www.cgu.edu/pages/411.asp), along with updated financial proof. These items can be scanned/faxed to your International Student Coordinator, but eventually we will need the originals for your file.

Academic Adviser: This form is provided to facilitate the communication of certain information required by regulations of the USCIS office. Its completion is needed for a student in F-1/J-1 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 the International Student Coordinator, at extension 73771. Please complete this form in full and return it to the International Student Coordinator in East Harper Hall, Office of Admissions & Records. 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 (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 (please explain on the reverse side of this form)

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

Academic adviser's signature: ________________________________________________________

Name and title (please print): ________________________________________________________

Department (please print): ___________________________________________________________

Date: ____________________________

Dual Degree Students: We will need a signature from both departments.

Academic adviser's signature: ________________________________________________________

Name and title (please print): ________________________________________________________

Department (please print): ___________________________________________________________

Date: ____________________________

More forms can be printed at www.cgu.edu/pages/411.asp