F-1 or J-1 Student Program Extension
Academic Advisor’s Recommendation Form

To be completed by the student:
If you are unable to complete your present degree by the date indicated on your F document or your J document (IAP-66 or DS2019), you may apply for an extension within the semester in which that document expires. You are eligible if you have been maintaining your nonimmigrant status, if you have been making normal progress toward completion of your degree, and if academic dismissal or suspension has not delayed your completion. **Have your academic advisor or department chair complete the bottom portion of this form.** Then, submit this form to ISS along with a completed student request form, proof of funding, current I-20 or J document, and passport.

Student’s name: ____________________________________________

Suffolk ID ____________________ Suffolk Email: ____________________________

Degree/Major:_____________________ I-20 or J Document expires: MM/DD/YYYY

To be completed by the above student’s academic advisor or major professor:
The Department of Homeland Security requires the information below before ISS can grant an extension of student non-immigrant status to an international student. Please contact ISS if you have any questions.
Phone: 617-573-8154
Email: ISSO@suffolk.edu
6th floor of 73 Tremont

This student will not complete his current plan of study this semester due to:
[ ] A delay caused by a change of major
[ ] A delay caused by a change in research topic
[ ] A delay caused by unexpected research problems
[ ] The original length of time given on this student’s I-20 or J doc was not sufficient

[ ] Other __________________________________________________________

I anticipate the student will complete the plan of study by MM/DD/YYYY
I hereby confirm that I am the above student’s academic advisor or department chair and recommend that this student be allowed additional time to complete his/her degree.

Advisor’s Signature ____________________________ Date: ___________

Printed name and title ____________________________ Phone: ___________