

REQUEST FOR AN EXTENSION OF PROGRAM

The information requested on this form is needed to comply with U.S. Citizenship and Immigration Services (USCIS) regulations. This form serves as a request for approval to extend the program end date for the current program of study. **Permission from the PDSO must be obtained before the student registers for classes.**

One program extension for academic reasons and one program extension for medical reasons is allowed at each education level. Extensions can be granted for up to one (1) additional year of study per extension reason. If requesting an extension for a medical reason, official documentation of illness and/or medical condition must accompany this request form.

I. TO BE COMPLETED BY THE STUDENT

Student Name	Morrisville ID#
Email	Phone
Major & Degree	
Extension Requested to: Fall	Spring
Reason for Extension (academic/medical – expl	lain)
Student Signature	Date
II. TO BE COMPLETED BY AN ADVISO	OR .
Advisor Name	Department
Confirm New Program End Date:	
Student's progress toward their degree i	s satisfactory
Student's progress toward their degree i	s unsatisfactory (explain)
1	s additional time to complete their degree program and
recommend a program extension be awarded.	D . (
Advisor Signature	Date
III. TO BE COMPLETED BY THE PDSO	
PDSO Name	Approved Denied
Reason for Denial	
PDSO Signature	Date