

**Recommendation for Extension of Program  
Academic Advisor's Form**

Name of student: \_\_\_\_\_ ID#: \_\_\_\_\_  
*Last name* *First name*

Major: \_\_\_\_\_

Degree:  Bachelor's  Master's  Doctorate  Other: \_\_\_\_\_

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**Dear Academic Advisor:**

The Department of Homeland Security requires a recommendation from the academic advisor for an extension of the student's degree program. Immigration regulations allow an extension of program for "**compelling academic or medical reasons**" [8CFR § 214.2 (f)(7)(iii)]. Below you will find several reasons that may apply to this student. Please indicate any or all that apply. If the categories do not fit, use "Other" and specify the circumstances. Please note that "probation" or "suspension" is not considered as adequate reasons to request an extension.

To the best of my ability to determine, the above-named student will need an extension to complete his/her degree for the following reason(s):

- Change of major.
- Change in research topic.
- Documented illnesses.
- Transferred from another institution resulting in the loss of some credits.
- Unexpected problems (due to no fault of the student)

Please specify:

Other. Please specify:

New estimated date of graduation: \_\_\_\_\_  
*Month/Year*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Academic Advisor: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

If you have questions or need further information, please contact Joann Ng Hartmann or George Philis at 4-3177 or by e-mail at [joann@utk.edu](mailto:joann@utk.edu) or [george@utk.edu](mailto:george@utk.edu).

This form may be returned by the student or by campus mail to Joann Ng Hartmann or George Philis at:  
Center for International Education, 1620 Melrose Avenue.