## Academic Adviser's Recommendation for Extension of Time for a Program of Study

Studen	t's l	Name (print):		
UWEC	ID	#	Student Signature_	
	-	st for this extension m ats form I-20.	ust be made and granted at	least 30 days <u>prior</u> to the program end date or
	1.	The student is engage	ed in the following academic	program:
		Major	Department	
	2.	Is this student making  □ yes □ no	g normal progress towards h	nis or her degree?
	3.	□ yes* □ no	nis student be given addition  EW anticipated completion (	al time to continue his or her studies?  (graduation) date
		(month/day/year)	):	
	4. I	Please list completion	(graduation) plan below (or a	attach).
		(please check all that a  Delay caused by No unusual delastudies was not r Documented m	y a change in major field of s y a change in research topic y unexpected research proble y lost credits upon transfer to ay. The original length of time reasonable for an average stu	ems o our school ne given to complete udent in this program.
Acaden	nic .	Adviser's Signature		Date
Print N	am	e		Department