

This form is often used in conjunction with the Student Visa Document Request Form: Section 1 must be filled out by the student; Section 2 must be filled out the student's Academic Advisor. In Section 2, the advisor must select one of the four options and provide the corresponding information. Students who have had a reduced course load during their last quarter of enrollment are **not** eligible for an extension.

SECTION 1: STUDENT COMPLETES	
TODAY'S DATE [MM/DD/YYYY]:	UCI STUDENT ID #:
LAST NAME:	FIRST NAME:
DATE OF BIRTH [MM/DD/YYYY]:	SEVIS NUMBER: N
TELEPHONE:	EMAIL:
CURRENT DEGREE LEVEL: <input type="checkbox"/> BACHELORS <input type="checkbox"/> MASTERS <input type="checkbox"/> DOCTORATE <input type="checkbox"/> EAP	

SECTION 2: ACADEMIC ADVISOR COMPLETES (Please Select One)
<input type="checkbox"/> PROGRAM EXTENSION
1. New expected date of degree/program completion <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer** Year: _____ 2. Is this student making normal progress towards their current degree? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Do you recommend this student be given additional time to complete their studies? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. This student requires additional time to complete their program/degree due to [mark all that apply]: <input type="checkbox"/> Delay caused by change of major/research topic <input type="checkbox"/> Delay caused by unexpected research problems <input type="checkbox"/> Delay caused by unavailable courses this quarter <input type="checkbox"/> Additional time needed to complete program/degree requirements. <input type="checkbox"/> Student will complete program before end date on current visa document <input type="checkbox"/> Other [please specify]: _____ ** Student must submit proof of summer session enrollment, or Filing Fee Petition (graduate students only)
<input type="checkbox"/> PROGRAM SHORTEN
1. New expected date of degree/program completion <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer** Year: _____ ** Student must submit proof of summer session enrollment, or Filing Fee Petition (graduate students only)
<input type="checkbox"/> CHANGE OF DEGREE LEVEL
1. This student is changing from a _____ to _____. 2. New expected date of degree/program completion <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer** Year: _____ ** Student must submit proof of summer session enrollment, or Filing Fee Petition (graduate students only)
<input type="checkbox"/> RE-ADMITTED, RETURNING, or CHANGE OF STATUS
1. The student above has been readmitted to UCI for: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer** Year: _____ 2. Expected date of degree/program completion <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer** Year: _____ Major: _____ Minor [if any]: _____ ** Student must submit proof of summer session enrollment, or Filing Fee Petition (graduate students only)

ACADEMIC ADVISOR SIGNATURE	
Print Name:	Title:
Telephone:	Email:
Signature:	Date: