

SOUTHEASTERN UNIVERSITY

International Student Office, Pansler 236
1000 Longfellow Blvd., Lakeland, FL 33801

INTERNATIONAL STUDENT APPLICATION TO EXTEND PROGRAM END DATE

To Academic Advisor: This document is a required part of an international student's application to extend the dates authorized for continued participation in a degree program beyond the original program completion date. The Department of Homeland Security specifies the program may be extended for "compelling academic reasons." If you have questions, please contact Jan Hurndon, International Students Coordinator, at x5215 or jphurndon@seu.edu. Thank you!

1. STUDENT REQUEST

Student name: [please print or type]: _____ ID #: _____

Degree Program: _____ Major: _____

Original program completion date on Form I-20: _____

Request program completion date be changed to: _____

Student Signature _____ Date signed _____

2. ADVISOR RECOMMENDATION

COMPELLING ACADEMIC REASON:

The above student has not yet completed the current program of study due to (please check all reasons which apply):

- ☐ Delays caused by a change in major field of study
- ☐ Delays caused by a change in research topic
- ☐ Delays caused by unexpected research problems
- ☐ Delays caused by lost credits upon transferring in
- ☐ Delays caused by a documented illness (please attach documentation)
- ☐ Other (please specify): _____

I therefore recommend that the above student be allowed additional time in the program to complete studies by this date _____.

Advisor/Department Chair's Signature

Name & Title (please print)

Date signed