



# INTERNATIONAL STUDENT SERVICES

## PROGRAM EXTENSION REQUEST

Family/Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

CWID: \_\_\_\_\_ SEVIS Number:   N  

First Semester at ULM: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Field of Study: \_\_\_\_\_

Email: \_\_\_\_\_ Degree Objective:      Bach      Master      Doctorate

Local Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Expected Graduation: \_\_\_\_\_

### TO BE COMPLETED BY ACADEMIC ADVISOR

Has the student requested a program extension before?

Number of credits remaining in degree program: \_\_\_\_\_

This student needs additional time until \_\_\_/\_\_\_/\_\_\_ to complete the requirements for his/her degree for the following reason:

Medical reasons (required letter signed by MD, DO or licensed clinical psychologist)

Change of major

Change in research topic

Unexpected research challenges

Student needs more time due to the following compelling academic reason(s):

\_\_\_\_\_

If none of these reasons apply, please contact an advisor at International Student Services at 318-342-5225.

\_\_\_\_\_ Academic Advisor Name (Print) \_\_\_\_\_ Academic Advisor Signature

\_\_\_\_\_ School/Department \_\_\_\_\_ Extension \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Date

### ISS OFFICE USE ONLY

Date Received: \_\_\_/\_\_\_/\_\_\_ Received By (initials): \_\_\_\_\_