Program Extension:
F-1/J-1 Students

ILLINOIS INSTITUTE
OF TECHNOLOGY

STUDENT INFORMATION (TO BE COMPLETED BY THE STUDENT)

Last Name: _____   First Name: _____

IIT ID#: _____   SEVIS ID#: _____

IIT Email: _____   Phone #: _____

Degree Level: _____   Major: _____

PROGRAM EXTENSION INFORMATION (TO BE COMPLETED BY THE ADVISOR)

Reason for Program Extension (check all that apply):

☐ Delay caused by a change of major field of study

☐ Delay caused by a change in research topic

☐ Delay caused by unexpected research problems

☐ Delay caused by additional credit requirement

☐ Medical reasons

Number of credits student has remaining: _____

Expected completion date of all degree requirements (mm/dd/yyyy): _____

ADVISOR ACKNOWLEDGEMENT (TO BE COMPLETED BY THE ADVISOR)

By signing below, I acknowledge and attest to the following:

- This student named above has been continuously enrolled for a full course of study and is making regular progress towards his/her degree.
- I recommend this student be allowed the time specified above to complete his/her studies.

Advisor Signature: _____   Date: _____

Advisor Name (Printed): _____   Phone Extension: _____