



Program Extension Academic Verification Form

Purpose of form: Students in F-1 or J-1 status will need to request an extension of their program if they will not finish by the end date on their I-20 or DS-2019. An academic verification of the delays in finishing the program is required and must be submitted along with the student's request for a program extension. Please fill in Part A and provide the form to your academic advisor or major professor to complete Part B. The fully complete and signed form must be included in your program extension request that you submit online to International Student Services.

Note: ISS can only extend the program for DS-2019s that are issued by LSU and not other sponsoring organizations (J-1s).

PART A: Student information (type or print clearly)

LSU ID (89 number): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail address: \_\_\_\_\_

Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

By submitting this form, I certify that I understand that, if I submit an incomplete request form to ISS, I will be contacted for additional information or correction(s). I also understand that I am responsible for any estimated expenses on the I-20/DS-2019 that are not covered by LSU funding. I authorize that all information provided on this form, including any and all personal, financial, academic data, and/or other data may be shared with LSU International Student Services – Office of Global Engagement to facilitate the request. This data will be securely retained indefinitely. To learn more about privacy at LSU, please see the LSU Privacy Statement (www.lsu.edu/privacy).

PART B: This section must be completed by the student's academic advisor or major professor. (type or print)

A student's program cannot be extended for the sole purpose of obtaining employment (CPT, OPT or J-1 Academic Training). The department's confirmation that a compelling academic reason exists which requires an extension of the above-named student's program and SEVIS form is needed. Please complete this form and return it to the student. It must be included in their request for a program extension.

PROGRAM INFORMATION

Student's Degree Program (level and discipline): \_\_\_\_\_

New Projected Completion date: \_\_\_\_/\_\_\_\_/\_\_\_\_ OR Degree-Only date: \_\_\_\_/\_\_\_\_/\_\_\_\_
(use commencement date) MM DD YYYY (use degree-only deadline) MM/DD/YYYY

Please indicate below the circumstances which necessitate an extension of the student's academic program. (Please check all that apply.)

- Unexpected Research Problems
Change of Research Topic(s)
Change of Major or Degree Level from \_\_\_\_\_ to \_\_\_\_\_
Other Academic Reason (if selected, you must provide details below)

Please provide an explanation of the academic circumstances that you and/or the student were not expecting.

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

SIGNATURES (Graduate students must have signatures from their Major Professor and Department Head.)

By signing this form I certify that, to the best of my knowledge, the information on this form has been reviewed and provided by the department and is correct.

Undergraduate Academic Advisor name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Graduate Advisor / Major Professor name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Graduate Department Head name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_