Program End Date Adjustment Form

This form must be completed and submitted to ISS before the program end date listed on your I-20. Please schedule an appointment with an ISS advisor and bring with you this completed form and updated financial documents for the period of the extension.

1. To be completed by student:

First Name: ____________________________ Last Name: ____________________________
L #: ____________________________ Email: ____________________________

Start date for this academic program: ____________________________

Have you ever been approved for a program extension?  ___ Yes  ___ No

Are you currently working on-campus?  ___ Yes  ___ No

2. To be completed by Academic Advisor or Academic Department at Concordia

Number of credits left to be completed: ____________________________

Recommended new program end date: ____________________________ (Month/Day/Year)

Please check the reason this student was unable to complete program:

- [ ] Changed research topic
- [ ] Unexpected research problems
- [ ] Changed/added major
- [ ] Internship requirements
- [ ] Medical reason
- [ ] Academic difficulty/delay

By signing below, I certify that the student is making normal progress towards his or her educational objective and that the delay in completion is caused by compelling academic or medical reasons.

___________________________  ____________________________
(Signature of Academic Advisor)  (Date Signed)

___________________________
(Name – Please Print)

___________________________  ________________
(Academic Department)  (Phone)

ISS Use only:

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