RECOMMENDATION FOR EXTENSION OF TIME LIMITATION FOR A PROGRAM OF STUDY FOR STUDENTS IN F-1 STATUS (Form D)

Student’s Name: ____________________________________________  __________________________ (last) (first)

Student’s Expected Completion Date: ___/___/____

This form is provided to facilitate the communication of certain information required by regulations of the Department of Homeland Security. Its completion is needed for a student in F-1 status to be granted an extension of the time limitation placed by the Immigration Service upon the student’s current program of study. Any questions you may have can be directed to the Admissions Office at (415) 282-7600, EXT. 18.

1. Has the student been continuously enrolled for a full course of study?
   _____Yes    _____No

2. This student will complete requirements for his/hers program on or about ___/___/____

3. This student has not yet completed the current program of study due to
   (please check all that apply)
   _____Delay caused by a change in major field of study
   _____Delay caused by unexpected research problems
   _____Delay caused by lost credit upon transfer to our school
   _____No unusual delay. The original length of time given to complete studies was not reasonable for an average student in this program
   _____Other (please attach a detailed letter of explanation)

I therefore recommend that this student be allowed additional time to complete studies.

______________________________  ____/____/____
Designated School Official Signature  Date