

Section 1 must be filled out by the student; Section 2 must be filled out the student's Academic Advisor/Counselor. In Section 2, the advisor must select one of the three options.

*Students who are approved for part-time (less than 12 units) during their last quarter of enrollment are **not eligible for an extension**.

SECTION 1: STUDENT INFORMATION	
TODAY'S DATE [MM/DD/YYYY]:	UCI STUDENT ID #:
LAST NAME:	FIRST NAME:
DATE OF BIRTH [MM/DD/YYYY]:	SEVIS NUMBER: N
TELEPHONE:	EMAIL:
CURRENT DEGREE LEVEL: <input type="checkbox"/> BACHELORS <input type="checkbox"/> MASTERS <input type="checkbox"/> DOCTORATE <input type="checkbox"/> EAP	

SECTION 2: ACADEMIC ADVISOR COMPLETES (Please Select One)
<input type="checkbox"/> PROGRAM EXTENSION
1. New expected date of degree/program completion <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer** Year: _____
2. Is this student making normal progress towards their current degree? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you recommend this student be given additional time to complete their studies? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Student requires additional time to complete program/degree due to [mark all that apply]:
<input type="checkbox"/> Delay caused by change of major/research topic <input type="checkbox"/> Delay caused by unexpected research problems <input type="checkbox"/> Delay caused by unavailable courses this quarter <input type="checkbox"/> Additional time needed to complete program/degree requirements. <input type="checkbox"/> Other [please specify]: _____
** Student must submit proof of summer session enrollment, or Filing Fee Petition (graduate students only)
<input type="checkbox"/> PROGRAM SHORTEN
1. New expected date of degree/program completion <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer** Year: _____
** Student must submit proof of summer session enrollment, or Filing Fee Petition (graduate students only)
<input type="checkbox"/> RE-ADMITTED, RETURNING, or CHANGE OF STATUS
1. The student above has been readmitted to UCI for:
<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer** Year: _____
2. Expected date of degree/program completion
<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer** Year: _____
Major: _____
Minor [if any]: _____
** Student must submit proof of summer session enrollment, or Filing Fee Petition (graduate students only)

ACADEMIC ADVISOR SIGNATURE	
Print Name:	Title:
Telephone:	Email:
Signature:	Date: