## The Home for International Advising, Activities, and Assistance

## Extension of Stay/Program

Academic Advisor's Recommendation Letter

## **Students:**

Submit this completed form to the OIS with a **copy of your Program of Study (graduate students) or u.achieve audit (undergraduates)** at least **2 weeks BEFORE** the end date of your latest I-20/DS-2019.

**Graduate students**- please work with your academic advisor to obtain your Program of Study. **Undergraduate students**- go to your my.emich account to print your u.achieve audit (follow Student tab-Student Records-UG Degree Audit (u.achieve)- Choose "printer friendly" on right side of screen).

Your Program of Study or audit should reflect the information below and show how many more classes you need to complete your degree.

## Must be completed by Academic Advisor or Medical Professional:

Date:	
Student's Name	E
This is to certify that is	currently a student in good standing at Eastern
Michigan University. He/she has made normal progress	toward completing a degree in
However, he/she is unable to complete all requirements for the	
degree byand is requesting an extens	sion until because of compelling
academic (or medical) reasons. As his/her academic advisor (medical professional), I recommend this	
extension due to the reason below:	
Mandatory: Please briefly explain reason for extension	
Advisor/Medical Professional Name (printed)	Signature
Telephone	Email
Circle One: Academic Advisor OR Medical Professional	