



INTERNATIONAL STUDENT SERVICES

PROGRAM EXTENSION REQUEST

Family/Last Name: _____ First Name: _____

CWID: _____ SEVIS Number: N

First Semester at ULM: _____ Date of Birth: _____

Telephone Number: _____ Field of Study: _____

Email: _____ Degree Objective: Bach Master Doctorate

Local Address: _____

City: _____ Zip Code: _____

Expected Graduation: _____

TO BE COMPLETED BY ACADEMIC ADVISOR

Has the student requested a program extension before? Yes No

Number of credits remaining in degree program: _____

This student needs additional time until ___/___/___ to complete the requirements for his/her degree for the following reason:

- Medical reasons (required – letter signed by MD, DO or licensed clinical psychologist)
- Change of major
- Change in research topic
- Unexpected research challenges
- Student needs more time due to the following compelling academic reason(s):

If none of these reasons apply, please contact an advisor at International Student Services at 318-342-5225.

_____ Academic Advisor Name (Print) _____ Academic Advisor Signature

_____ School/Department _____ Extension _____/_____/_____
Date

ISS OFFICE USE ONLY

Date Received: ___/___/___ Received By (initials): _____