

Office of International Student Services internationaladmit@bluefieldstate.edu 304-327-4173 www.bluefieldstate.edu

DEGREE PROGRAM EXTENSION FORM

Student com	npletes this section:
Student Nan	ne:BSU ID No (Last Name, First Name)
	(Last Name, First Name) nail:@live.bluefieldstate.edu
Student Add	lress:
Academic a	dvisor completes this section:
	ship and Immigration Services requires the following information Please complete this form to the PDSO in order to extend the completion date of an F-1 student's current program of
abou	icipate that this student will complete all requirements for the current program of study on or t:
	(Please check all that apply) ☐ Delays caused by a change in major field of study ☐ Delays caused by a change in research topic ☐ Delays caused by unexpected research problems ☐ Delays caused by lost credit hours on transfer to this school ☐ Other (Please explain)
I therefore r	recommend that this student be allowed additional time to complete his/her studies.
Name:	Title
Department	<u></u>

Academic Advisor's Signature______Date____