

ACADEMIC ADVISOR'S REQUEST (Program Extension)

Course Name SEMESTER ENROLLED YEAR	Upon review of the academic degree plan for determined the student needs the following courses to comple				_(Buff ID #), I have	
Course Name Park SPRING FALL SUMMER II						
SPRING FALL SUMMER II	Course Name	SEMESTER ENROLLED				YEAR
2.		SPRING	FALL			
3.	1.					
4.	2.					
5.	3.					
6.						
8. 9. 10.						
8. 9. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10						
9.						
Based on the courses listed, I have determined that the student should complete degree requirements by (MM/YYYY.) I attest the delay in degree completion is not due to academic suspension or repeated failures. Reason for Delay: I would like to request a program extension for this student based on the following academic reasons: Student changed their plan of study by adding an additional major or minor and needs additional time to complete course work. The student is a graduate student who has had research difficulties, change in research topics, or unexpected research problems. The student had problems with course rotation schedules. The student had extensive leveling course work within their academic degree program.						
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The student had problems with course rotation schedules. The student had extensive leveling course work within their academic degree program.	Student changed their plan of study by adding an addition	onal major or	minor and	l needs addition	nal time to co	omplete course work.
The student had extensive leveling course work within their academic degree program.	The student is a graduate student who has had research d	lifficulties, cl	ange in re	esearch topics,	or unexpecte	d research problems.
	The student had problems with course rotation schedules.					
Advisor's Signature: Date:	The student had extensive leveling course work within th	eir academic	degree pr	ogram.		
	Advisor's Signature:		Da	nte:		_