



- Delays caused by lost credits upon transfer to MSU
  - No unusual delay—the original length of time given to complete studies was not sufficient
  - Other \_\_\_\_\_
- 

**4. I therefore recommend that this student be allowed the additional time necessary to complete the academic program.**

**Academic Advisor's Name & Title:** \_\_\_\_\_

**School/Department:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Section C: To Be Completed by OIS**

**Date Received:** \_\_\_\_\_

**Date I-20 Extended:** \_\_\_\_\_ **By:** \_\_\_\_\_