

Program Extension

Family/Last Name	First Name	Middle Name	WCUID
Date of First Semester at WCU	Field of Study	Expected date of Graduation	Email Address
Telephone Number	Date of Birth	<input type="checkbox"/> Bachelors <input type="checkbox"/> Masters	<input type="checkbox"/> F-1 <input type="checkbox"/> J-1

Local U.S. Address:

THIS PORTION TO BE FILLED OUT BY YOUR ACADEMIC ADVISOR

The above named student needs additional time to complete the requirements for his or her degree for the following reason:

☐ Change of major
☐ Change in research topic
☐ Unexpected research problems
☐ Other _____

The student is expected to graduate in ☐ Fall ☐ Spring ☐ Summer ☐ 2016 ☐ 2017 ☐ 2018

Academic Advisor _____ Academic Advisor Name (please print) _____ Date _____

CIP Office use: ☐ Approved ☐ Denied Signature of DSO _____ Date _____