[SHOULD BE ON DEPARTMENT/SCHOOL LETTERHEAD]

[Date]

Remy E. Allen

LSU Health Sciences Center-New Orleans

Director of International Services

Re: [I-20/DS-2019] Extension for [student name]

The above student is currently enrolled in the School of [name of school]’s [Name of Program] Program. An (I-20/DS-2019) extension is hereby requested through [new proposed completion date] to allow the student additional time to complete [his/her] program. [Name of student] is making normal progress toward the degree and the delay in graduation is not due to academic suspension/probation. Because the requested extension will lengthen the program for [Name of Student] to a time period exceeding the normal length of the program, currently set at [insert number of months for standard completion time] months, the following justification for the requested extension is provided.

[Per federal regulations, all extensions for students that are beyond normal completion time must be supported by “compelling academic or medical reasons.” Potential reasons for extension include: delay in obtaining research materials, change in research topic, change in major, addition of second major/minor, and documented medical condition of student. This list is not all inclusive, and other circumstances may support an extension.]

Extending the [DS-2019/I-20] through [proposed extension date] will provide the opportunity for the student to successfully complete their educational program.

Please do not hesitate to contact me should you have any questions in this matter.

Sincerely,

[Academic advisor/Mentor/Student Affairs]

[SHOULD BE ON DEPARTMENT/SCHOOL LETTERHEAD]

[Date]

Remy E. Allen

LSU Health Sciences Center-New Orleans

Director of International Services

Re: [I-20/DS-2019] Extension for [student name]

The above student is currently enrolled in the School of [name of school]’s [Name of Program] Program. An (I-20/DS-2019) extension is hereby requested through [new proposed completion date] to allow the student additional time to complete [his/her] program. [Name of student] is making normal progress toward the degree and the delay in graduation is not due to academic suspension/probation. Because the requested extension will lengthen the program for [Name of Student] to a time period more than 12 months past the normal length of the program, currently set at [insert number of months for standard completion time] months, the following justification for the requested extension is provided.

[Per federal regulations, all extensions for students that are beyond normal completion time must be supported by “compelling academic or medical reasons.” Potential reasons for extension include: delay in obtaining research materials, change in research topic, change in major, addition of second major/minor, and documented medical condition of student. This list is not all inclusive, and other circumstances may support an extension.]

Extending the [DS-2019/I-20] through [proposed extension date] will provide the opportunity for the student to successfully complete their educational program.

Please do not hesitate to contact me should you have any questions in this matter.

Sincerely,

[Academic advisor/Mentor/Student Affairs] [Must be co-signed by Dean/Designee]