

Extension of Stay/Program Academic Advisor's Recommendation

Date: _____ E _____ Name _____

This is to certify that _____ is currently a student in good standing at Eastern Michigan University. He/she has made normal progress toward completing the _____ degree in _____ however, he/she is unable to complete all requirements for the degree by _____ and is requesting an extension until _____ because of compelling academic (or medical) reasons. As his/her academic advisor (medical professional), I recommend this extension due to the reason below:

Mandatory: Please briefly explain reason for extension

Name (printed)

Signature

Telephone

Email

Circle One:

Academic Advisor ... Medical Professional