

REQUEST FOR ADDITIONAL SEMESTER

(To be completed by student)

STUDENT'S NAME: _____	NYIT ID#: _____
MAJOR: _____	DEGREE LEVEL: _____

I AM REQUESTING THAT I BE ALLOWED TO RETURN TO NYIT FOR ADDITIONAL TIME IN WHICH TO COMPLETE ALL OF MY REQUIREMENTS FOR GRADUATION. I WAS/WILL BE UNABLE TO COMPLETE MY REQUIREMENTS DURING THE CURRENT SEMESTER FOR THE FOLLOWING REASON(S):

(State reasons below, giving a complete explanation)

SIGNATURE: _____

DATE: _____

<input type="radio"/> <u>APPROVED</u>	
<input type="radio"/> <u>NOT APPROVED</u>	(P)DSO: _____ DATE: _____

REQUEST FOR ADDITIONAL SEMESTER

(To be completed by Department Chair or Academic Advisor)

During the _____ semester, _____, ID#: _____ was approved in good faith and on the basis of information from the department and student, to be a part-time student in his/her final semester of study.

As of _____ the NYIT Office of International and Experiential Education has been informed that the above student may need to return to NYIT for a subsequent semester. In order to see if this student qualifies for this permission, please fill out the following:

1. Has the student been making adequate progress towards his/her degree requirements?
 - a. Yes
 - b. No If no, please explain _____

2. Is the department recommending that the student be allowed to complete his/her studies?
 - a. Yes
 - b. No If no, please explain _____

If you answered yes to question 2, please complete the following:

- a. Additional comments on reason the student did not complete requirements when previously indicated: _____

- a. Remaining requirements: _____
- b. Month/Year student is now expected to complete all requirements for graduation: _____
- c. Comments: _____

ADVISOR'S SIGNATURE: _____ **DATE:** _____