

International Services Office

Bergami Hall

203.932.7475

iso@newhaven.edu

www.newhaven.edu/iso



University of New Haven

Advisor's Approval Form

TO BE COMPLETED BY THE STUDENT

Student: complete the first section and then give to your academic advisor. After your advisor completes, signs, and returns it to you, upload it to the ISO request e-form.

Student Information:

Student Name _____ Major _____

Email _____ Phone _____

UNH Student ID # _____ Current I-20/DS2019 End Date: _____

The academic advisor approval is needed for the purpose of (select one):

- Extending my I-20/DS-2019
- Authorizing a reduced courseload my final semester
- Shortening the program end date on my I-20/DS-2019

TO BE COMPLETED BY THE FACULTY ADVISOR

Advisor: complete, sign and return to student. Digital signatures are permitted.

Academic/Faculty Advisor Recommendation Portion:

This student is currently registered for _____ credits.

This student has _____ credits remaining to complete his/her program.

This student's projected completion date for his/her degree is: _____ (term and year)

As the Academic/Faculty Advisor, I approve the student's request.

Advisor's Name _____ Advisor's Signature _____ Date _____

Department _____ Email _____ Phone Number: _____

Optional Comments about this student: