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 course load 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: