

Program Extension

Family/Last Name	First Name	Middle Name	WCUID
Date of First Semester at WCU	Field of Study	Expected date of Graduation	Email Address
Telephone Number	Date of Birth	<input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctoral	<input type="checkbox"/> F-1 <input type="checkbox"/> J-1

Local U.S. Address:

THIS PORTION TO BE FILLED OUT BY YOUR ACADEMIC ADVISOR

The above named student needs additional time to complete the requirements for his or her degree for the following reason:

- Change of major
- Change in research topic
- Unexpected research problems
- Other _____

The student is expected to graduate in Fall Spring Summer 2026 2027 2028

Academic Advisor _____ Academic Advisor Name (please print) _____ Date _____

GEO Office use: Approved Denied Signature of DSO _____ Date _____