



Center for International Students and Scholars (CISS)
Request to Extend Completion of Studies Date- *Academic Services*
Certification

TO BE COMPLETED BY ACADEMIC SERVICES

Student Name: _____ Bentley ID: _____

Student Degree Program/ Major: _____

Number of credits (current term): _____ Remaining credits to complete (after current term): _____

Expected term/date of program completion: (please choose Spring, Fall, Summer, or Winter Session). For intensive courses, please list the course dates: _____

Academic reason for extension (if applicable)

Additional Notes: _____

Name: _____
Academic Advisor

Signature: _____
Academic Advisor