

REQUEST FOR ACADEMIC PROGRAM EXTENSION

TO: Dr. J. F. Gounard, Director

International Student Affairs

FROM: _____

DATE: _____

RE: Graduation Date for
Mr./Ms./Mrs. _____

This note is to certify that
Mr./Ms./Mrs. _____ will have satisfied
all the requirements for his/her bachelor/masters degree in (major)
_____ on (date)_____.

If you should require more information, please do not hesitate to
contact me.