

**REQUEST FOR  
MID-ACADEMIC YEAR  
EXTENSION**

*Please return to your IIE Regional Center by November 30, 2006*

Name _____	Phone Number _____
U.S. Address _____	E-Mail Address _____
_____ Apt # _____	Academic Institution/University _____
City _____	Field of Study _____
State _____ Zip _____	Home Country _____

**SECTION 1: CURRENT ACADEMIC ACTIVITIES**

Please check the box that applies to your program of study:

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Bachelor's | <input type="checkbox"/> Certificate/Diploma |
| <input type="checkbox"/> Master's   | <input type="checkbox"/> Visiting Researcher |
| <input type="checkbox"/> Doctorate  | <input type="checkbox"/> Non-Degree          |

List courses taken during the **Fall 2006** academic semester/term.

<u>Title of Course</u>	<u>Credits/Hours</u>
_____	_____
_____	_____
_____	_____

If you are a non-degree student or visiting researcher, or you were not required to take courses during the Spring '06/Fall '06 academic semesters/terms, describe your academic activities to date (*attach additional paper if needed*):

\_\_\_\_\_

\_\_\_\_\_

**SECTION 2: WINTER BREAK 2006/2007 PLANS**

Outline of your winter plans. Check all applicable boxes.

*International Travel*

Dates of travel outside the U.S.: Leave \_\_\_\_\_ Return \_\_\_\_\_

Address/Phone Number/E-mail when outside U.S.: \_\_\_\_\_

Do you need to renew your J-1 visa while you are abroad?    Yes    No

*Academic Study Plan*

List courses taken during the **Winter 2006** academic semester/term

<u>Title of Course</u>	<u>Credits/Hours</u>
_____	_____
_____	_____
_____	_____

*Other*

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**SECTION 3: ACADEMIC ACTIVITIES FOR 2007 ACADEMIC YEAR**

Date course requirements for your program will be/were completed: \_\_\_\_\_

Approximate dates of *qualifying* examination (if applicable): \_\_\_\_\_

Approximate dates of *comprehensive* examination (if applicable): \_\_\_\_\_

Title and short description of thesis/dissertation: \_\_\_\_\_

List anticipated **full-time** course load to be taken during Spring '07/Fall '07 academic semesters/terms. If your courses are **not yet** published, list the approximate credits per academic semester/term you will be taking.

	<u>Title of Course</u>	<u>Credits/Hours</u>
<b>Spring 2007:</b>	_____	_____
	_____	_____
	_____	_____
	_____	_____
<b>Fall 2007:</b>	_____	_____
	_____	_____
	_____	_____
	_____	_____

If you are a non-degree student or visiting researcher, or you are not required to take courses during the Spring '07/Fall '07 academic semesters/terms, describe your proposed **full-time** academic activities (*attach additional paper if needed*):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You are required to submit an official grade transcript at the end of every semester/term. Please indicate the date you asked the Registrar's Office to send your official transcript to IIE \_\_\_\_/\_\_\_\_/\_\_\_\_

Expected completion date of degree or non-degree program described above: \_\_\_\_\_ If this date differs from previous estimations, please explain: \_\_\_\_\_

Date you plan permanent return to your home country: \_\_\_\_\_

Were you granted a leave of absence from your home employer prior to undertaking your Fulbright program? \_\_\_\_\_

If yes, when does your leave of absence expire? \_\_\_\_\_

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**ENDORSEMENT OF ACADEMIC ADVISOR**

Please verify that the above information concerning this student's academic progress and objectives is realistic and that the rate of progress towards the stated goal is also satisfactory (*attach additional comments if needed*).

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Title

\_\_\_\_\_

E-mail Address

\_\_\_\_\_

Phone Number

**SECTION 4: FINANCES** (ALL STUDENTS MUST COMPLETE AND SIGN)

Outline your **Estimated Expenses** for Spring 2007 and Fall 2007:

Expense	Amount
Tuition & Fees	\$
Books & Supplies	\$
Living Expenses	\$
<b>Total Estimated Expenses</b>	<b>\$</b>

Outline your **Sources of Financial Support** for Spring 2007 and Fall 2007:

Expense	Source	Amount
Tuition & Fees		\$
Books & Supplies		\$
Living Expenses		\$
<b>Total Available Funding</b>		<b>\$</b>

**NOTE: you must provide support documents such as a bank statement, copies of university awards and/or scholarship letters verifying the funding you have listed above.**

Do you have J-2 Dependents with you? \_\_\_\_\_ If yes, include the J-2 Dependent Data Sheet with this Request for Extension.

**STUDENT SIGNATURE**

Sign to confirm that the above information regarding your academic plans and funding is correct.

\_\_\_\_\_

Signature of Student

\_\_\_\_\_

Date

**ENDORSEMENT OF FOREIGN STUDENT ADVISOR**

Please verify that the above student is currently enrolled **full-time** and that the **estimated expenses** for the academic year are realistic.

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Title

\_\_\_\_\_

E-mail Address

\_\_\_\_\_

Phone Number

**FOR IIE USE ONLY**

Extension Approved by IIE

Extension Denied by IIE

Recommend Approval

Do not Recommend Approval

Grantee has been advised of \_\_\_\_\_ year time limit on US study on the Fulbright Program.

IIE Reviewer: \_\_\_\_\_ Extension Recommendation/Approval Until \_\_\_\_\_