

**New Jersey Institute of Technology**  
**Office of International Students and Faculty (OIS&F)**  
**Fenster Hall Room 140**

**Advisor Form**

<b><u>Student, please complete this section</u></b>	
If receiving a financial aid award, please check with advisor regarding impact of full time certification on award status.	
Name: _____	ID#: _____ Email: _____
Program Major: _____	Check one: Bachelor's _____
	Master's _____
Department: _____	Doctorate _____

**Faculty Advisor, please complete the section below:** Your input will assist the Office of International Students and Faculty to accurately report the student's status to the U.S. Government.

**Semester:** Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Year 200 \_\_\_\_\_

**Please check below all the statements which apply to this student:**

<b><u>Bachelor's</u></b>	<b><u>Master's</u></b>	<b><u>Doctorate</u></b>
___ Taking 12 or more credits	___ Taking 9 or more credits	___ Taking 9 or more credits
___ Student is enrolled in final semester taking less than 12 credits to complete degree	___ Student is enrolled in final semester taking less than 9 credits to complete degree	___ Student is taking less than 9 credits Reason indicated below:
___ Taking less than 12 credits due to co-op/internship	___ Taking less than 9 credits due to co-op/internship	<b>Please check below:</b>
___ Enrolled in Project, taking less than 12 credits in final semester	___ Enrolled in Thesis/Project (circle one), taking less than 9 credits	___ Coursework completed, registered for dissertation
		<b><u>Ph.D. Students:</u></b> Number of Pre-doctoral research credits taken _____
		Number of Doctoral research credits taken _____

Extension of I-20 end date is necessary because \_\_\_\_\_  
 \_\_\_\_\_ (Over, if needed)

Comments: \_\_\_\_\_  
 \_\_\_\_\_

Student is expected to complete program on \_\_\_\_\_/200\_\_\_\_ (For **Ph.D. students**: date to be completed by **Dissertation Advisor**, if student has one)  
 Date (For **Master's and Bachelor's students**: date to be completed by **Academic Advisor**)

**Signatories:** \_\_\_\_\_  
**Academic Program Advisor-Print Name**

\_\_\_\_\_  
**Dissertation Advisor-Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

**\*\*\*Signatories for Ph.D. students to be signed by both Academic and Dissertation Advisors.**

**For Ph.D. students applying for co-op/optional practical training only:**

Department Chair's approval \_\_\_\_\_  
 \_\_\_\_\_  
 Date

Graduate Studies approval \_\_\_\_\_  
 \_\_\_\_\_  
 Date

