

WAYNE STATE UNIVERSITY

REQUEST FOR PROGRAM EXTENSION

SECTION B: TO BE COMPLETED BY STUDENT'S ACADEMIC ADVISOR

ACADEMIC ADVISOR PERSONAL DATA

Last Name:	First Name:	Signature: _____ (Sign) _____ (Date)
Department:	Email:	Campus Phone:

I certify that the above request is accurate in conformance with applicable Departmental, College, and University policies. I further certify that the student is unable to complete their program due to _____

(Reason)

The student should complete his/her program as indicated in the above request. Therefore, I recommend that this student be permitted to extend their program until _____
(Semester) (Year)

OISS STAFF ONLY **Application Reviewed By:** _____ **Date:** _____

- Advised student about the OISS Work Authorization
- Contacted Department informing about the OISS Work Authorization Request

Student ID#

Bank Official

RE: _____
Student's Name (Last, First)

Wayne State University and US Citizenship and Immigration Services require that foreign applicants for admission to Wayne State University submit documentation indicating that sufficient funds are available to cover tuition, fees and living expenses for the first year of study.

It is advised that you certify the balance of the account held at your branch for the individual whose signature is below.

Account Number

Signature of Account Holder or Sponsor

We, _____, certify that the account in the name of _____
Bank Name

_____ has a balance of \$ _____
Account Holder's Name *(stated in US dollars)*

at the close of business on _____.
Date

**Bank Stamp
or Seal**

Signature of Bank Official

Mail original form to

Wayne State University
Undergraduate Admissions
PO Box 02759
Detroit MI 48202-0759 USA

A second original should be issued to the student for his or her records.