

Request for Extension of the Time Limit for Graduate Degree Program Completion
To the Student:

Please complete the information below and attach a copy of your professional and/or personal rationale for a degree extension. Forward this request to your advisor for further routing.

Name:	Email:
Address:	Date:
Anticipated date of degree completion: <input type="checkbox"/> January, _____ <input type="checkbox"/> May, _____ <input type="checkbox"/> August, _____	Governing catalogue year: _____ Allowable years for completion in governing catalogue: _____ years
Specific courses for which a time extension is requested (i.e., to allow the courses toward degree): _____ _____ _____	
Advisor:	Date:
Comments: <div style="float: right;"> <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved </div>	
School Dean:	Date:
Comments: <div style="float: right;"> <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved </div>	
Dean of Graduate Studies:	Date:
Comments: <div style="float: right;"> <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved </div>	