

## REQUEST FOR EXTENSION OF TIME

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date \_\_\_\_\_

Student ID N \_\_\_\_\_

Major \_\_\_\_\_

Concentration \_\_\_\_\_

Advisor \_\_\_\_\_

Semester Accepted \_\_\_\_\_

### Time Limit for Completion of Degree Policy:

All requirements for a graduate degree, including transfer credits, must be met within seven years of the completion date of the first course listed on the plan of study. After that date, students' matriculation status may be cancelled. Some departments may specify a shorter period. If the time limit expires, students must write to the department with a request, and a projected completion date. If the department recommends approval, the coordinator sends this request to the Dean of the Graduate School for consideration.

### Request an extension of time for one semester or one year.

Through the end of:  Spring  Summer  Fall of 20 \_\_\_\_

### Briefly describe your reason for requesting an extension of time:

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I certify that I understand the conditions of this request.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Submit completed form to the Department Chair / Graduate Program Director for Approval

Approved:  One Semester  One Year  
 Denied

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Department Representative: Submit completed form to The Graduate School for final approval

Concurrence  Denial  
 Other \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_