

REQUEST FOR EXTENSION OF TIME

Name _____ Date _____
Address _____ Student ID N _____
City _____ State _____ Zip _____ 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:

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 _____

Dean's Signature _____ Date _____