Return completed form to:
School or College Dean's Office

Request for Extension of Time

Note. Schools and Colleges have authority to grant a maximum extension of 1 year for a master's degree and a maximum of 3 years for a doctoral degree. Exceptional requests for additional time will be considered by the Graduate School Dean.

STUDENT INFORMATION

SSN _____ - _____ - _____ **Email** _____

Name _____ _____ _____
Last First M.I.

Current Address _____ _____ _____ _____
Street City State Zip

Home Telephone ( ) _____ - _____

Degree Information

College _____ **Program** _____ **Degree** _____ **Admission Semester/Year** _____

Masters and Doctoral Students

Coursework completed? If yes, which month/year _____ If not, anticipated month/year_____

Doctoral Students Only

Preliminary Exams completed? If yes, which month/year _____ If not, anticipated month/year_____

Proposal approved? If yes, which month/year _____ If not, anticipated month/year_____

Final Defense/Oral Exam anticipated during which month/year?_____

I am requesting an extension through the _____ semester of _____.
Fall/Spring/Summer year

Rationale (limit explanation to this space)

Approval Signatures

_____ ____/____/____
Student Date

_____ _____ _____ ____/____/____
Advisor Campus Phone email Date

_____ _____ _____ ____/____/____
Graduate Chair Campus Phone email Date

_____ _____ _____ ____/____/____
College Assoc/Asst Dean Campus Phone email Date

GRADUATE SCHOOL DEAN'S DECISION

_____ ____/____/____
Approved Date

_____ ____/____/____
Denied Date

Approval cannot be assumed. You will be notified of the decision.