

Request for Extension of Time for Master's Degrees (Form GS-11etmd)

Instructions: Complete this form and return it to the dean's office of your school/college. Please note that schools and colleges have authority to grant a maximum extension of 1 year for a master's degree. Requests for additional time must be approved by the Dean of the Graduate School.

SECTION I: STUDENT I	NFORMATION			
Name (Last, First and Middle)			TUid	
Current Mailing Address (inclu	ding City, State and Zip Code)		I	
Home Telephone		Temple E-mail		
() -		·		
School/College	Program	Degree	S	emester/Year of Admission
SECTION II: STUDENT	STATUS			
Have you completed your coursework? ☐ Yes, in ☐ No, anticipated in				d in
MONTH/YEAR			MONTH/YEAR	
SECTION III: STATEME	NT OF EXTENSION			
I am requesting an extension through				YEAR
My rationale is:				
SECTION IV: APPROVA	AL SIGNATURES			
Student				Date
				/ /
Advisor		Campus Telephone	Temple E-mail	Date
				/ /
Department/Graduate Chair		Campus Telephone	Temple E-mail	Date
				1 1
College Associate/Assistant Dean		Campus Telephone	Temple E-mail	Date
				1 1
SECTION V: GRADUAT	E SCHOOL APPROVAL	required only if 1-year exten	sion by school/college	e is exceeded)
☐ Approved Signature	of the Dean			Date
☐ Denied			1 1	
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Approval cannot be assumed. You will be notified of the decision.