

Request for Extension to Complete Degree Requirements

Student Name:

First

M.I.

Last

ID#:

Department/Program:

Degree Sought:

Requested extension deadline (term and year):

Please indicate the current status of your thesis/dissertation and provide a timeline in which you will complete your degree. Include the circumstances that make this request necessary.

Student Signature

Date

Program Recommendation

Do you approve this extension request? ☐ Yes ☐ No

Adviser Signature

Date

Do you approve this extension request? ☐ Yes ☐ No

By signing this I certify that any courses older than 7 years (masters) or 10 years (doctoral) are still current and applicable for a student earning the degree today.

Graduate Program Coordinator Signature

Date:

Graduate School

Academic Support Specialist Review

More than one year since final examination?

☐ Yes ☐ No

Courses older than 7 (master's) or 10 (Ph.D.) years?

☐ Yes ☐ No

Maintained continuous enrollment?

☐ Yes ☐ No

Status of degree: ☐ Courses completed

☐ Defended

☐ GS Review

Graduate Dean's Recommendation

Defend by: _____

GS Disquisition Approved by: _____

☐ Re-Defend