

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. Yes No

Department/Program Chair Signature:

Date:

Graduate School

Student Services Associate 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