APPLICATION FOR EXTENSION OF TIME LIMITS

STUDENT NAME: _____ STUDENT ID# _____

SCHOOL: _____ DEGREE SOUGHT_____

DATE OF FIRST GRADUATE ENROLLMENT: _____

NUMBER OF YEARS AFTER FIRST GRADUATE ENROLLMENT: _____

    <u>FOR DOCTORAL STUDENTS ONLY</u>

        DATE (or expected date) OF CANDIDACY EXAM: _____

        HAS STUDENT RECEIVED MASTER'S DEGREE HERE?

        YES _____ NO _____

EXPECTED DATE OF GRADUATION: _____

This will represent a: ☐ Year ☐Month extension beyond normal time limits.

Has there been a prior time limit extension? ☐YES ☐ NO

JUSTIFICATION FOR TIME EXTENSION (append memo if applicable): _____

_____

_____

TIME LIMIT EXTENDED TO _____
                               Date

DATE ENDORSED BY SCHOOL'S GRADUATE STUDIES COMMITTEE: _____

ENDORSED: _____   _____
              Graduate Coordinator or Director   Date

ENDORSED: _____   _____
               Dean   Date

OTHER: _____

_____

Copies to: Dean's Office
                Registrar (to be sent by Dean's Office after endorsement)
                School (to be sent by Dean's Office after endorsement)
                Student (to be sent by Dean's Office after endorsement)