

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: _____

FOR DOCTORAL STUDENTS ONLY

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): _____

See attached

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)