



**Request for Extension of Time Limit
 for Degree Completion**

NOTE: Requires Adobe Acrobat to fill-in and sign

Student Name:

Student Number:

Degree, Program:

Term Admitted:

This extension is requested for the time period of:
 (cannot exceed 3 consecutive semesters)

to

State the reason for requesting an extension of time:

Include a timeline for completion of the degree, including milestones, within the requested timeframe of extension. Failure to include the timeline will result in the time extension not being approved.

Student Signature

Date:

Approved (Required Signatures):

Program Director
 Signature

Date:

Graduate School
 Dean

Date: