



Request for Extension of Time
Master's and Ph.D.

(This form is to be used for a one time, one semester request.)

Name: _____

Student PID Number: _____

Department _____

Degree being sought _____

Date of initiation of study: _____

Semester and year requested: _____

Reason for extension (letters of support from the student's advisor and Graduate Chair are recommended when addressing existing evidence of progress toward completion of the degree program as well as the likelihood of the student completing the degree during this semester extension). **Enter explanation here:**

Advisor

Advisor Signature

Date

I ___ approve ___ deny the above request (select)

Graduate Chair

Graduate Chair Signature

Date

Extension is ___ approved ___ denied (select)

Extension granted for: _____

Associate Dean, College of Arts and Sciences

Associate Dean Signature

Date

Comments:

Original: College of Arts and Sciences, Office of the Dean
Copy: Department file

CAS use only:

Signed copy to student: _____

Signed copy to department: _____