

Date _____

Name _____
Last First Middle Initial

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ID Number

Address _____

City _____ State _____ Zip _____

Major _____

Concentration _____

Advisor _____

Semester Accepted _____

TIME LIMIT FOR COMPLETION OF DEGREE POLICY:

All requirements for a graduate degree, including transfer credits, must be met within seven years of the completion date of the first course listed on the plan of study. After that date, students' matriculation status may be cancelled. Some departments may specify a shorter period. If the time limit expires, students must write to the department with a request, and a projected completion date. If the department recommends approval, the coordinator sends this request to the Assistant Vice President (AVP) for Graduate & Extended Learning for consideration.

REQUEST AN EXTENSION OF TIME FOR ONE SEMESTER OR ONE YEAR.

Through the end of: Spring Summer Fall of 20 ____

Briefly describe your reason for requesting an extension of time:

I certify that I understand the conditions of this request.

Student's Signature _____ Date _____

Student: Submit completed form to the Department Chair / Graduate Program Director for Approval

Approved: One Semester One Year Denied

Chair/Director's Signature _____ Date _____

Department Representative: Submit completed form to Graduate Studies for final approval

Concurrence Denial Other _____

AVP's Signature _____ Date _____