



Graduate Enrolled Student Office, 438 Cabell Hall
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Request for an Extension of Time Limit for Completion of Ph.D., M.A., and M.S. Degrees

Student's Name _____ University ID# _____

Department _____ Degree Ph.D. M.A. M.S.

Requested Extension Date _____
 (M/D/Y)

 Signature of Director of Graduate Studies _____ Date (M/D/Y)

Justification why student should continue in current program: _____

FOR GRADUATE OFFICE USE	
Semester Admitted _____	First Semester of Ph.D. Program _____
Beginning Academic Level <input type="checkbox"/> Ph.D. <input type="checkbox"/> M.A. <input type="checkbox"/> M.S.	
The student <input type="checkbox"/> has <input type="checkbox"/> has not maintained continuous enrollment	
If the student has not maintained continuous enrollment, list semesters in which the student was not enrolled	

Total years student has been working toward obtaining degree _____	
<input type="checkbox"/> Granted <input type="checkbox"/> Denied	
_____ Signature of Associate Dean for Graduate Academic Programs	_____ Date (M/D/Y)