

# REQUEST FOR EXTENSION OF TIME TO COMPLETE THE GRADUATE PROGRAM

## PART A. (To be completed by student)

This request must be filed prior to November 1<sup>st</sup> for an extension to take effect for the **Spring or Summer, or prior to April 1<sup>st</sup> for an extension to take effect for the Fall semester.** Please answer every question in this section and complete all writeable fields. An incomplete form will be returned. Once this section is completed, give this form to your Academic Advisor and your **Research Advisor** (if you have one).

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Program: \_\_\_\_\_ Date started program: \_\_\_\_\_

Have you previously had a leave of absence? Yes \_\_\_ No \_\_\_ Dates: \_\_\_\_\_  
If Yes, attach a copy of request form

Have you previously received an extension? Yes \_\_\_ No \_\_\_ Dates: \_\_\_\_\_  
If Yes, attach a copy of request form AND approval of extension letter

Number of credits completed so far: \_\_\_\_\_

Proposal completed?	Yes ___ No ___	N/A ___	Defense Date: _____
Research completed?	Yes ___ No ___	N/A ___	Defense Date: _____
Publishable paper completed? (Nursing only)	Yes ___ No ___	N/A ___	Submission Date: _____

Explain your need for an extension. Please be specific. Use additional pages if necessary:

Timetable for completing the remaining program requirements (This should include the amount of additional time needed to complete your work):

Extension requested through the end of: \_\_\_\_\_  
**(Spring/Summer/Fall Semester)** (Year)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Student)

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Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Program: \_\_\_\_\_

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**PART B. (To be completed by Academic Advisor and Research Advisor)**

Please forward to the Graduate Office once completed.

Recommendation re: Extension:

Approved \_\_\_\_\_ Not approved \_\_\_\_\_ Approved with conditions \_\_\_\_\_ (attach explanation)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Academic Advisor)

Approved \_\_\_\_\_ Not approved \_\_\_\_\_ Approved with conditions \_\_\_\_\_ (attach explanation)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**(Research Advisor)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Graduate Program Director)

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**PART C. (To be completed by the Graduate Office)**

Please forward to the Chair of the Certifications, Policies, and Standards Committee once completed.

Date Extension Request Form received: \_\_\_\_\_

Date Form forwarded to CPS Committee Chair: \_\_\_\_\_

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**PART D. (To be completed by Chair of the Certification, Policies, and Standards Committee)**

Please return to the Graduate Office once completed.

Extension is:

Approved: \_\_\_\_\_ Extension granted through: \_\_\_\_\_  
**(Spring/Summer/Fall Semester & Year)**

Not approved: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Chair, Graduate Certification, Policies, and Standards Committee)

**Original: Student's Program File**

**Copies: Research Advisor, Program Director, Graduate Office, Registrar**

**Revised: April, 2009**