Request for Extension of Time to:
[ ] Complete Degree (section IA)
[ ] Remove IN/AB Grade (section IB)

Student’s Name _____________________________________________________     PID# ____________________________
Address ______________________________________     Phone# ___________________

Major:   ___________________ Degree Intent: ____________         Date Entered: ______________________

Period of extension requested:
Have you received previous extensions?   ___ no ___ yes □ how many? ___
________________________ through ______________ (month/year) (month/year)

Section IA – to be completed by student. Indicate current status of thesis/dissertation, and provide the timetable you will follow to insure completion by extension expiration date. Please explain circumstances that make this request necessary.

(attach additional sheets as necessary)

Section IB – to be completed by student. Describe what work remains to be done and the timetable you will follow to insure completion by extension expiration date. Please explain circumstances that make this request necessary. The course instructor must approve your request by signing below.

Course ___________________________    Semester/Year ________________    Instructor _________________________________

(attach additional sheets as necessary)

Section II – to be completed by program. Please indicate why you support or do not support this request.

Request approved: _________________________________                   Not approved: ___________________________________
Director of Graduate Studies                                                                Director of Graduate Studies

(attach additional sheets as necessary)

School of Education Action: ___ approved _________________________________ Date: ___________
Revised 11/05 ___ not approved     Director of Graduate Studies/Associate Dean