



Request for Extension of Time Limit for Degree Completion

Student Name:

Student Number:

Degree, Program:

Term/Year Admitted:

Original completion deadline (semester/year):

Proposed completion semester/year:

State the reason for requesting an extension of time and/or the reasons you did not complete the degree in the required time limit:

Student Signature

Date:

To be completed by faculty advisor:

Courses accepted toward the degree:

Courses/Credits required to complete the degree:

Decision: Approved

Not Approved

Program Director Signature

Date:

Associate Dean Signature

Date: