



# Request for Time Extension

(To be completed by student's major advisor)

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

College: \_\_\_\_\_

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

Department: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Degree: \_\_\_\_\_

Semester and Year of Admissions to Program: \_\_\_\_\_

Graduation Date Requested for Extension: \_\_\_\_\_

**Attach additional documentation to email if needed.**

Please explain why this student should be allowed a time extension to complete his/her degree.

If the student is in a master's or specialist's program, please explain how out-of-date course work will be recertified to ensure the student's knowledge of the subject matter is current.

If the student is in a doctoral program, please explain how the student's knowledge of the field will be current at the time the degree is granted.

Advisor Signature:

Program Director Signature:

College Dean Signature:

Registrar Signature: