

**UNIVERSITY OF ARKANSAS GRADUATE SCHOOL
REQUEST FOR TIME EXTENSION**

To be completed by the student's major advisor
(Attach additional pages, if needed)

Student Name: _____

Student ID Number: _____

Student Degree Program: _____

Advisor's Name: _____

Semester/Year of Admission to Program: _____

NOTE: All requirements for a master's or specialist degree must be completed within six consecutive calendar years from the first semester of enrollment in that program. All requirements for a doctoral degree must be completed within seven consecutive calendar years from the date of admission to the program. Time extension requests are considered for only one semester at a time, and out-of-date transfer work cannot be recertified and is therefore not eligible for a time extension. Please refer to the Graduate School catalog for time extension and transfer of credit policies.

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If the student is in a master's or specialist program, please explain how out-of-date course work will be recertified (that is, that the student's knowledge of the subject matter is current)

If the student is in a doctoral program, please explain how the advisory committee will convince itself that the student's knowledge of the field will be current at the time the degree is granted:

Major Advisor Signature: _____ Date: _____
(signature)

Department Head/Chair Signature: _____ Date: _____
(signature) *revised: 10/21/15*

Graduate School Use Only:

Time Extension Granted: Yes No

Extension Granted Until: _____

Dean's Signature: _____