



**Request for Time Extension**

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

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

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

**Student Major and Degree Program:** \_\_\_\_\_

**If doctoral student, date of candidacy:** \_\_\_\_\_

**Advisor's Name:** \_\_\_\_\_

**Semester/Year of Admission to Program:** \_\_\_\_\_

**Semester/Year Anticipated Graduation Date:** \_\_\_\_\_

**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 Time extension requests are considered for only one semester at a time, and out-of-date transfer work cannot be recertified and is therefore not eligible for a time extension.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If the student is in a master's or specialist program, please explain how out-of-date course work will be recertified (that is, that the student's knowledge of the subject matter is current):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: 12/04/17*

**Graduate School Use Only:**

Time Extension Granted:  Yes  No

Extension Granted Until: \_\_\_\_\_

Dean's Signature: \_\_\_\_\_