



Request for Extension of Time

Candidate:

Student Name _____ Date _____
Student ID Number _____ Email _____
Mailing Address _____ Daytime Phone _____
Graduate Program: _____ Anticipated Completion Date: _____
Catalog / Year: _____

Coordinator:

Coordinator Name _____
Subject: Request to Extend the Time for Completing the _____ Master's _____ Doctoral Degree Program
(please attach the student's request to this form and forward to: Graduate Dean's Office, Business Bldg, Room 117)
I approve the request to extend the time for completion. The deadline should be extended through _____
Additional comments by coordinator for approval:

Signatures:

Student _____ Date _____
Advisor _____ Date _____
Program Coordinator or Dean _____ Date _____
Graduate Dean _____ Date _____