

## GRADUATE PROGRAM/THESIS EXTENSION REQUEST FORM

More than one extension period may be considered, but the total time for all extensions will not normally exceed *two years*. If a request for a program extension is denied by the Department, the student may appeal this decision to the Senate Graduate Studies Committee, the decision of the which is final.

**DEADLINE:** this form must be received in the Registrar's Office *two months* prior to the program time limit.

**STUDENT INFORMATION** *(to be completed by student)*

Student Number: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Degree: \_\_\_\_\_ Thesis (or equivalent) Course #: \_\_\_\_\_ Section: \_\_\_\_\_ Year: \_\_\_\_\_ Session: \_\_\_\_\_ Term: \_\_\_\_\_

Original Program/Thesis Time Limit Date: \_\_\_\_\_ New Program/Thesis Time Limit Date *(if previous extension(s) granted)*: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please append all of the following to this application:*

- Details on any previous time extensions (if applicable).
- Reasons/extenuating circumstances for not having completed the degree/thesis requirements within the normal time limit.
- A detailed outline of the work not yet completed (e.g. write chapter 5, complete revisions, defend thesis, etc.) and a clear schedule indicating the dates by which this work will be completed.

**FIRST PROGRAM/THESIS EXTENSION – DEPARTMENTAL/PROGRAM APPROVAL** *(maximum 3 months)*

Request Approved?  Yes  No Completion Date: \_\_\_\_\_ Thesis Default Grade: \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chair/Program Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECOND PROGRAM/THESIS EXTENSION – FACULTY APPROVAL** *(maximum 3 months)*

Request Approved?  Yes  No Completion Date: \_\_\_\_\_ Thesis Default Grade: \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean of Faculty/School Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean of Graduate Studies Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FINAL PROGRAM/THESIS EXTENSION – GRADUATE STUDIES COMMITTEE APPROVAL** *(normal max 24 months from original deadline)*

Request Approved?  Yes  No Completion Date: \_\_\_\_\_ Thesis Default Grade: \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean of Faculty/School Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean of Graduate Studies Signature: \_\_\_\_\_ Date: \_\_\_\_\_

GSC Approval Date: \_\_\_\_\_

Comments:

Submit completed form to the Registrar's Office for processing.

REGISTRAR'S OFFICE