

**MISSISSIPPI STATE UNIVERSITY - OFFICE OF THE GRADUATE SCHOOL
REQUEST FOR ADDITIONAL EXTENSION OF TIME**

Name: _____ **MSU ID:** _____ **Net ID:** _____

Degree: _____ **Major:** _____

Semester/Year of Admission: _____ Semester/Year Time Limit Expired: _____

Semester/Year Previous Extension Began: _____ Semester/Year Extension Expired: _____

Semester/Year Current Extension Begins: _____ Semester/Year Extension Expires: _____

Major Professor: State justification of the request and the specific steps necessary for completion of degree with approximate dates of achievement for each milestone in time-line format.

Typed/Printed Name:

Approval Signatures:

Student

Date

Major Professor

Date

Graduate Coordinator

Date

Dean of College

Date

Dean of Graduate School

Date

Provost

Date