

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

**Name:** \_\_\_\_\_ **MSU ID:** \_\_\_\_\_ **Net ID:** \_\_\_\_\_

**Degree:** \_\_\_\_\_ **Major:** \_\_\_\_\_

A Request for Extension of Time is considered for one academic year past time limit.

Semester/year admitted: \_\_\_\_\_ Semester/year of Time Limit: \_\_\_\_\_

**Student:** Justify your request for an extension and state your plan for degree completion (attach additional page if needed).

**Major Professor:** State your agreement with the student's justification and plan of action. Please also affirm that the student's coursework is current and relevant to his/her program (attach additional page if needed).

**Typed/Printed Name:**

**Approval Signatures:**

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Major Professor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Graduate Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean of College

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean of the Graduate School

\_\_\_\_\_  
Date