



Request for Additional Extension of Time

Name _____ 9-digit ID _____ Net ID _____
Last First Middle
Degree _____
Major _____ Minor _____
Concentration _____

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

Semester/Year Admitted _____ Semester/Year of Time Limit _____
Semester/Year 1st Extension Began _____ Semester/Year 1st Extension Ended _____
Semester/Year 2nd Extension Begins _____ Semester/Year 2nd Extension Ends _____

Major Professor: State justification of the request and the specific steps necessary for completion of degree within one year, including a detailed timeline with specific and measurable milestones. The student and I understand that not meeting deadlines and milestones will result in a grade of "U" for the dissertation/research hours.

Typed / Printed Name

Approval Signatures

Student

Date

Major Professor

Date

Graduate Coordinator

Date

College Dean

Date

Dean of the Graduate School

Date

Provost

Date