



Extension of Time to Complete a Degree Program Request

SCAN as a PDF ONLY and email to cgsforms@cmich.edu. Hard copies are not accepted.

Student: _____ **Requested Graduation Date:** _____

Last
First
Middle
Former
Semester/Year

Contact Information: _____ **Student ID#:** _____

Email
Phone Number

Degree Title and Program (check the Graduate Bulletin): _____

Number of graduate credit hours earned on degree program to date: _____ **Cumulative Graduate GPA:** _____ **Date of First Graduate Coursework:** _____

Semester/Year

List courses still to be completed (e.g. EDU 675): _____

Extensions of time request forms are not reviewed without the following information:

1. In the table below list all coursework that needs to be included on your degree program that will be beyond the time allotted for your degree program including all course work that will expire by your requested graduation date. Remember course credits transferred from another institution cannot be extended. ALL courses requiring an extension must be listed on the form, use multiple forms if necessary.
2. The student's degree plan should be accessible through the Degree Progress System.
3. **Attach:**
 - a) A statement outlining explicit reasons why the outdated courses are still a viable part of your graduate program and how you have kept up-to-date with the **current** content of **each** course;
 - b) A description of the "extenuating circumstances" which justify the extension. Extenuating circumstances are circumstances in which the student would be entitled to an extended leave of absence from work or other responsibilities. Examples may include, but are not necessarily limited to military service and situations that would be covered under the Family Medical Leave Act.

Dept. & Course #	Course Title	Date Earned	Credit Hours

The Extension of Time Request Form is not approved until ALL signatures have been obtained and ALL have indicated their approval.

Approve Deny

Advisor: _____

Signature
Print Name
Date

Department: _____

Signature
Print Name
Date

Research & Graduate Studies: _____

Signature
Print Name
Date