OFFICE OF GRADUATE STUDIES
CENTRAL MICHIGAN UNIVERSITY

Extension of Time Request Form

Student: _____ Signature: _____ ID#: _____

Email: _____ Degree Program: _____

Degree Credits Completed: _____ Requested Graduation Date: _____ Yr: _____

List course(s) still to be completed: _____

Requested Course(s) to be Extended:
Please note: Courses expire after 7 years when used toward a Graduate Certificate, Masters, or Specialist Degrees and after 10 years when used toward a Doctoral Degree.

Course #	Course Title	Semester Earned	Credit(s)

Required Items:

Narrative: 1) A statement outlining explicit reasons how you have kept up-to-date with the current content of each course and why the outdated courses are still a viable part of your graduate program and (typically a paragraph per course is sufficient); and 2) A description of the "extenuating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.

I confirm that I have created a degree plan with my program

Required Approvals:

Advisor
Name: _____ Signature: _____ Date: _____

Department Chair (or Program Director only if program is Interdisciplinary)
Name: _____ Signature: _____ Date: _____

Graduate Studies
Name: _____ Signature: _____ Date: _____

OFFICE OF GRADUATE STUDIES

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