



## 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 8 years (with a previous Master's Degree) or 10 years (w/o a previous Master's Degree) when used toward a Doctoral Degree. Transfer credit courses cannot be extended.*

Course #	Course Title	Semester Earned	Credit(s)

### Required Items:

Narrative: 1) A statement outlining explicit reasons why the outdated courses are still a viable part of your graduate program and how you have kept up-to-date with the current content of each course (typically a paragraph per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 Interdisciplinary Program Director)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Studies

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE OF RESEARCH AND GRADUATE STUDIES