



PETITION FOR EXTENSION OF TIME

*Students having reached their degree's time-limit (Masters: 5 years; Ph.D.: 8 years) should use this form to request an extension.
Length of extension may not exceed one year.*

EAGLE ID #: —

FULL NAME: _____ SIGNATURE: _____

DEPARTMENT: _____ DEGREE: _____

REQUESTED GRADUATION DATE: FALL 20__ SPRING 20__ SUMMER 20__

Please use the back of this form to provide a statement showing that the extension is needed and warranted; also provide a plan and schedule for the completion of the degree requirements within the time requested.

Approvals Required

GSAS Date Received:

Advisor: _____ Approve Reject

Graduate Program Director: _____ Approve Reject

GSAS notes:

GSAS Dean: _____ Approve Reject