Graduate School

Dean, Graduate School

REQUEST FOR TIME EXTENSION TO COMPLETE DEGREE REQUIREMENTS



Form to be initiated by the student and then completed with the help of the Major Professor Student Name: _____ CWID _____ Major & Concentration: Catalog year Date student admitted to degree program: List courses listed on degree plan that are currently or will be out of date (include course name, number, semester hours, grade received, and semester/year completed): Attach additional sheets if necessary If student is currently enrolled, list courses being taken (include course name, number, semester hours). If the student is NOT enrolled, what is his/her status? Attach additional sheets if necessary Remaining degree requirements (check all that apply) Comprehensive exams Coursework: ____hours Thesis Dissertation Requested semester/year for expiration of courses: Attach an approved degree plan showing grades for completed courses. Mandatory · Attach a letter of support by the major professor. The letter must include reason for the time extension and any changes to the course/s since they were taken by the student and a timeline for graduation. *Mandatory* **Print name: Major Professor** Signature of Major Professor Date **DECISION** Notes: Approved Until Time Extension denied Date Dr. Sushma Krishnamurthy