Graduate Student Services

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List courses listed on degree plan that are currently or will be out of date (include course name, number, semester hours, grade received, and semester/year completed): *Attach additional sheets if necessary*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
- ☐ Thesis
- ☐ Other _____
- ☐ Coursework: _____hours
- ☐ 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

_____ _____

Dr. Jennifer Whited Date
Graduate Council Chair