



## 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.*

Designator & Course #	Course Title	Semester Earned	Credit(s)

**Required Attachments:**

Narrative: 1) A statement outlining explicit reasons why the outdated courses are still a viable part of your graduate program and how you have kept up-to-date with the current content of each course; and 2) A description of the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

Degree Plan: \_\_\_\_\_ Degree Progress System \_\_\_\_\_ Authorization of Degree Program Form \_\_\_\_\_

**Required Approvals:**

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

Department Chair or Program Director  
 Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Studies  
 Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE OF RESEARCH AND GRADUATE STUDIES**