

## Request for Extension of Time for Degree Completion

This form is required for PhD graduate students intending to enroll full-time beyond their allowed time to degree (7 years)

Student							
Student Name:Last,			SIS ID (7 digits):				
Last,	First, Midd	le Initial (Print)					
Degree Program:				-			
Extension requested through	Fall	Spring	Summ	ner Year		Planned Enrollment	Off-Grounds On-Grounds
Attach required documentation:							
<ul> <li>Statement of progress du</li> </ul>	uring the	previous tw	o terms				
<ul> <li>Detailed academic plan ( dissertation or thesis will</li> </ul>			the peric	od of the p	roposed exte	ension indicating when rem	aining components of the
Mentor							
I have reviewed all written m	aterial cit	ed by this st	tudent as	progress o	during the pr	evious two terms.	
This student exhibits a comm	itment to	full-time di	ssertatior	n and writi	ng.		
This student's academic plan	for the p	eriod of the	extensior	n is approp	oriate and fea	asible.	
Comments:							
			Signature				Date
Director of Graduate Studies							
The graduate faculty in our progra Director of Graduate Studies		ort this requ	est for an		of time to co	omplete the degree.	Date
			Signature				Dute
			SOM O	FFICIAL U	SE ONLY		
Semester Admitted:	ester Admitted: First Semester of PhD					Beginning Academic Leve	
		+ <b>-</b> -	Ne				Masters
Has the student had any breaks in	enrolim	entr	No Yes I	l ist semes	ters in which	student was not enrolled	
Total Years Student has been wor Number of Previous Extensions		ard obtainin Last Appro	g a degre	e (excludir	ng Years of Le		
Extension Approved throug Extension Denied	ţh ∣	Fall Spr	ing S	Summer	Year		
Dean Comments:							
Signature of Ass		Accistont D				Data	_
Signature of ASS	Juale of	ASSISTINT DE		<b>)</b>		Date	

Please submit this completed form to your BIMS Administrator.