

APPLICATION FOR GRADUATE TIME EXTENSION

All matriculated graduate students who have exceeded the time limit allowed for the completion of their degree, are required to file an application for time extension at the Registrar's Office Room 217 HN. This time extension must be approved and signed by BOTH the Graduate Advisor AND Divisional Dean. Please do not submit this form to the Registrar's Office without the required signatures. The total time limit for completing all degree requirements is 4 years except for programs in Education, Nursing, Health Sciences, and Social Work where the time limit is 5 years. Your time is calculated from your first semester in a matriculated program, excluding the Summer Session, to the end of your final semester for a 5 year program. Courses exceeding the limit at graduation will not be included in degree credits unless approved by the Graduate Advisor AND Divisional Dean.

Name _____
Last First Middle Maiden or Other

Address _____
Number & Street Apt # City State Zip Code

_____ Curriculum _____
ID# (Social Security #)

Telephone # (_____) _____ (_____) _____
Home Work

If you are not in attendance for this current semester, have you applied for readmission? Yes ___ No ___
 If yes, for which semester? _____

Student's Signature _____ Date _____

 (TO BE FILLED OUT BY YOUR GRADUATE ADVISOR AND DIVISIONAL DEAN)

___ Your application for an extension of time to complete you program has been denied.
 ___ Your application for an extension of time to complete your program has been granted UNTIL
 (MONTH) _____ (YEAR) _____

Please list all out-of-date courses that are approved toward degree.

Semester Taken	Discipline	Number	Course Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

GRADUATE ADVISOR'S SIGNATURE _____ DATE _____
 DIVISIONAL DEAN'S SIGNATURE _____ DATE _____