



**Office of Graduate Studies
Extension to Complete Degree Request Form
(see Policy on reverse)**

Student Name: _____ Student ID: _____

Address: _____

Telephone #: _____ Email: _____

Degree Program: _____

Reason for extension request: *Please note: Medical reasons should be accompanied by a certificate from a qualified health practitioner confirming that the student requires an extension for medical reasons. Details of medical problems are NOT required.*

Student Signature: _____ Date: _____

Dean of Graduate Studies Review:

Decision of Dean of Graduate Studies:

- Approved
- Not approved

Reason (if declined): _____

New deadline for completion of degree: _____

Signature: _____ Date: _____

The student must submit the completed form to the Dean of Graduate Studies.

The Dean of Graduate Studies will copy the completed form to:
The Registrar–Student-Graduate Program Coordinator (to be placed in the student’s file)

Extensions

Students who anticipate that they will be unable to complete program requirements within the five year time period must apply in writing to the Dean of Graduate Studies before the end of the fifth year. Normally only students completing the thesis requirement will be granted an extension.