Office of Graduate and Postdoctoral Studies

APPEAL FOR EXTENSION OF MAXIMUM PROGRAM DURATION

Last Name

First Name

Student ID #

Program

Date of Last Advisory Committee Meeting

Anticipated Date of Next Advisory Committee Meeting

Your Plan For Completing Your Program

Please describe the steps that you will take to complete your program. Include specific details of work that you have completed/progress that you have made in your research since your last Plan of Study.

Anticipated Program Completion Date

# of Semesters Requested

Student's Signature

Date

Primary Advisor's Name

Primary Advisor' Signature

Advisory Committee Members

Name

Signature

Name

Signature

Name

Signature

Name

Signature

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Recommendation from the Graduate Program Committee (Required)

☐ We approve this student's extension.

☐ We DO NOT approve this student's extension.

Written Statement from the Graduate Program Committee (Required)

Graduate Program Coordinator's or Department Chair's Signature   Date

Recommendation from the College Associate Dean of Research & Graduate Studies (Required)

☐ I approve this student's extension.

☐ I DO NOT approve this student's extension.

Written Statement from the College Associate Dean of Research & Graduate Studies (Required)

College Associate Dean of Research & Graduate Studies Signature   Date

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