



### Time Extension Request Form

To be considered for a Time Extension a student must be **Registered**

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Academic Unit/Program: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Student email: \_\_\_\_\_

#### Extension Information

\_\_\_ **First Term Extension**

- Submit to Academic Unit/Program for signatures then send the original to Graduate Studies Office

\_\_\_ **Third and Final Term Extension (Masters)**

- Submit to the Graduate Studies Office

\_\_\_ **Second Term Extension**

- Submit to the Graduate Studies Office

\_\_\_ **Fourth and Final Term Extension (Doctoral)**

- Submit to the Graduate Studies Office

#### Term(s) Requested:

\_\_\_ Fall Term – Year: \_\_\_\_\_ (Must normally apply by May 1<sup>st</sup>)

\_\_\_ Winter Term – Year: \_\_\_\_\_

\_\_\_ Spring/ Summer – Year \_\_\_\_\_

#### Comments:

Requests will be returned to the academic unit if the information provided is insufficient. The Supervisor and/or Graduate Coordinator **must provide adequate details** in support of the request.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Graduate Coordinator Signature: \_\_\_\_\_

Date: \_\_\_\_\_