



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 1st)

___ 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: _____