

Time Extension Request Form

To be considered for a Time Extension a student must be REGISTERED.

- | | |
|---|--|
| <input type="checkbox"/> First Term Extension
Submit to Academic Unit/Program for
signatures then send original to
Graduate Studies Office | <input type="checkbox"/> Third and Final Term Extension (Masters)
Submit to Graduate Studies Office |
| <input type="checkbox"/> Second Term Extension
Submit to Graduate Studies Office | <input type="checkbox"/> Fourth and Final Term Extension (Doctoral)
Submit to Graduate Studies Office |

Student: _____ Academic Unit/Program: _____

Student #: _____ Supervisor: _____

Student Local Address: _____

- Request for:**
- | | |
|--------------------------|---|
| <input type="checkbox"/> | Fall Term - Year _____ (Must normally apply by May 1st) |
| <input type="checkbox"/> | Winter Term - Year _____ |
| <input type="checkbox"/> | Spring/Summer Term - 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. The Student and Supervisor must attach a detailed description of course and research progress and a time-line for completion of the program within the requested time.

Student Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Graduate Coordinator Signature: _____ Date: _____