



Time Limit Extension Request

Research & Graduate Studies
Strong Hall, Room 213
1450 Jayhawk Boulevard
Lawrence, KS 66045-7535
Telephone: (785) 864-8040
Fax: (785) 864-7209
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This form provides a student an extension on the time limit for a masters or doctoral degree.

To: _____ From: _____

Student Name: _____ Student ID: _____

Is student currently in good standing? Yes No Admit Term: _____

Degree sought: Masters _____ Doctoral _____

Time limit extension granted from _____ to _____

Time limit extension can not exceed one academic year.

Student written request attached (to be filed at School/College) Yes No

International Student: Yes No

If international student, School/College must provide copy of this form to International Student & Scholar Services (ISSS)

Comments:

Department Signature

Signature: _____ Date: _____

Departmental authorization: Department Chairperson / Director of Graduate Studies

School/College Approval

Signature: _____ Date: _____

Title: _____

Division authorization: CLAS/School Dean Representative

Routing of form: Department → School/Division → Registrar
→ Office of Graduate Studies
→ ISSS (if International student)