

Graduate Time Limit Extension Request



This form provides a student an extension on the time limit for a master's or doctoral degree.

Department: _____ School: _____

Student Name: _____ Student ID: _____

Student Address _____

Student email _____

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

Current Plan: _____

Time limit extension granted from _____ (Semester/Year) through _____ (Semester/Year)

Time limit extension cannot exceed one academic year.

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

The major advisor must submit a statement supporting this time extension and this statement should be filed with the school/college office. Yes No

International Student: Yes No

If international student, School/College must copy International Student & Scholar Services (ISSS)

Comments:

Department Signature

Signature: _____ Date: _____

School/College Approval

Signature: _____ Date: _____

[Progress to Degree Forms](#)

Routing of form: Department → School/College → [Registrar](#) 864-4423
+ [ISSS \(if International student\)](#) 864-3617