The School of Graduate & Professional Studies ADM, 200

Extension of Time to Complete Degree Program

To obtain an extension for the time to complete your degree program*, both the department supervising your program and the Graduate Council must review/approve your application. If your request is denied, your status will be administratively changed to non-degree (graduate-at-large). Please attach a completed *Graduate Council Petition* to this form.

Social Security No.			
Last Name	First Name	Mid	dle/Maiden
Street	City	_State	Zip Code
Day Phone	_Evening Phone	Email Addr	ess
When was your last enrollme	nt at CSU, give term and yea	ar?	
Have you attended another in If so, when/where			J?
******	******	*****	*******
Have you requested a prevent completed during this extension	vious extension? ☐ Yes ☐	No. If yes,	
2. Briefly explain why you sho	ould be granted an extension	1.	
3. Please itemize all requirer timetable for completing then complete the degree.			
I certify that all of the answer best of my knowledge. Student's Signature:	s I have given on this applic	ation are con	nplete and accurate to the Date:
* Generally, graduate students h	iave o years in which to comple	ie ine degree	or r years for the doctoral

degree, except that students admitted to Social Work have 4 years; International students have 2 years.

GS Form: KDK 1/12

Forward completed form to the Graduate Council in NAL, suite 234. Your responses to the following questions will aid the Graduate Council in formulating a decision as to whether the student's program should be extended. 1. Has the student made any progress toward degree completion? Please explain. 2. If no progress has been made, are there any extenuating circumstances? Please describe. 3. If applicable, has the student made any progress toward completion of the thesis? 4. Comment on the student's remaining requirements and the student's proposed timetable for degree completion. If the proposed timetable in not feasible, please recommend alternative. Request for extension: Approved Not Approved Graduate Advisor Request for extension: Approved Not Approved Department Chair Request for extension: Approved Not Approved Thesis Advisor (If applicable) Department Comments:
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Request for extension: Approved Not Approved Thesis Advisor (If applicable)
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ACTION OF GRADUATE COUNCIL
□ Approved □ Not Approved Date:
Extension approved through:
Term/Year Term/Year