REQUEST FOR TIME EXTENSION
FOR COMPLETION OF GRADUATE DEGREE

NOTE: Extensions are granted for a maximum of one year.

TO BE COMPLETED BY STUDENT:

Print Full Name (Last, First, Middle) ____________________________

Student ID Number ____________________________

Address ______________________________________

Graduate Program ____________________________

City, State, Zipcode ______________________________________

Degree Sought ______________________________________

Telephone Number ____________________________

E-Mail Address ____________________________

EXTENSION REQUESTED THROUGH THE FOLLOWING TERM: ____________________________ (not to exceed one year)

_____ I have applied for graduation

_____ I have not applied for graduation

_____ Attached is a statement of my reason(s) for the request and any special conditions related to the recommendation (attach additional sheets if necessary)

_____ Attached is a plan of action of not more than one page

_____ Attached is a letter of support from my Graduate Advisor which includes a time table that lists specific goals to be accomplished at various times during the extension period.

Student ____________________________ Date ____________________________

Graduate Advisor ____________________________ Date ____________________________

Department Chair ____________________________ Date ____________________________

Dean of the College ____________________________ Date ____________________________

Graduate School ____________________________ Date ____________________________

Please return this form to:

The University of Akron
Graduate School
Polsky Building, Room 467
Akron, Ohio 44325-2101
(330) 972-7663 Telephone • (330) 972-6475 FAX