



Extension Request Form

General Information

Student's Name

Program

Original Deadline

Requested Deadline

Extension for _____ Comprehensive Exam _____ Submission of Research Proposal _____ Other

Extension Justification *(box will expand as needed for text):*

Plan Of Action *(box will expand as needed for text):*

AUTHORIZED SIGNATURES:

Program Director

Date

Major Advisor

Date

Committee Chair

Date

Dean, The Graduate School

Date