

## Request for Extension of Degree Completion

R Number:

Student's Name:

Degree, Program:

Committee Chair:

Term Admitted:

Term Advanced to Candidacy:

Anticipated Defense Date:

Anticipated Graduation Date:

\*Not to exceed one academic year

Was a previous extension granted?

If yes, term granted:

**Disclaimer: Approval for the Extension of Degree Completion does not guarantee approval for I-20 Extension\***

Provide justification for an extension of time limit.

Provide a timeline of degree milestones to be completed with anticipated completion dates.  
i.e. Finish data collection on 9/6/22

By signing this form, the department and student have collaborated on a timeline and time extension to ensure the student will graduate by the date provided above. The department and student also acknowledge, per the Graduate School Catalog (Page 426), "*Maximum Allowable Doctoral Hours. Students not making timely progress toward completion of the doctoral degree are subject to termination by the Graduate Dean...Doctoral students with more than 99 doctoral hours will be required to pay out-of-state tuition, regardless of residence status.*"

Student Signature

Graduate Advisor Signature

Committee Chair Signature