

GRADUATE PETITION - TIME EXTENSION

FirstName:	Middle:		LastName	e:
E-mail:	Depa	artment:		ID#:
Bulletin Year:	Major Area:			Degree:
Year admitted to doctoral program:			Date:	
REQUEST FOR TIME EXTENSION: (inc	licate term & year)			
				Time Line Attached
REASON:				
Explain the circumstances for your time exte adviser, physician, etc.).	nsion. Please attach any addition	al documentatio	n in support of your reque	est (e.g., supporting letters from your
Student Initial:			Date:	
APPROVAL:				*The graduate Dean's signature is needed for <u>any exceptions to</u> <u>minimum standards voted by the</u>
Academic Advisor	Approve	Deny	Date:	Graduate Council, including exceptions to policies for provisional/regular admission (including English
		Deny		Language standards), normal course loads, residency, degree candidacy and deadlines, time
Department Chair			Date:	limitations on degrees, credit transfers, second degrees,
GEPC DECISION:				updating, grade changes, grade- point average requirements, academic probation, comprehensive — examinations, projects/theses/
				dissertations, application for graduation deadlines, etc
				Date:
L				
	Approve	Deny	Date:	
Dean, School of Education				
Dean, School of Graduate Studies	Approve	Deny	Date:	