REQUEST FOR PROGRAM EXTENSION
Graduate Education Programs

Student Name: ____________________________   Student #: ____________________________   UWO E-Mail: ____________________________

Student Program: ____________________________

Degree Requirements Outstanding:

Extension requested for the following term(s): ☐ Fall 20____   ☐ Winter 20____   ☐ Summer 20____

Procedures:

1. Complete this form, indicating term(s) (and year) that you are requesting (three maximum). Sign the form and have your Program Advisor OR Thesis/DRP Supervisor sign it.

2. Submit this form to the Office of Graduate Programs & Research with a brief letter indicating the specific reason for requesting a program extension AND a plan indicating timelines for the completion of all degree requirements. Your letter (including timelines) must be signed by your Program Advisor OR Thesis/DRP Supervisor.

3. Submit this form by the appropriate deadline: Fall Term – August 1; Winter Term – December 1; Summer Term – April 1.

4. When your request has been approved, a copy of this form will be sent to you (part time students will receive by mail; full time students will receive a copy in their mail box in the Graduate Programs & Research Office).

____________________________________   ____________________________
Student Signature                     Date                     Advisor/Supervisor Signature           Date

____________________________________   ____________________________
Associate Dean Signature              Date

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For Office Use Only
Extension Terms Approved: Fall 20____   Winter 20____   Summer 20____

Manager’s Signature: ____________________________   Date: ____________________________

c.: School of Graduate & Postdoctoral Studies

Version September 2008