

## **Extension of Time to Complete Degree Program**

To obtain an extension for the time to complete your degree program\*, both the department supervising your program and the Graduate Council must review/approve your application. If your request is denied, your status will be administratively changed to non-degree (graduate-at-large). Please attach a completed *Graduate Council Petition* to this form.

ID No	-			
Last Name	First Name	Mid	Middle/Maiden	
Street	City	State	Zip Code	
Day Phone	Evening Phone	Email Addr	ess	
When was your last enrollme	nt at CSU, give term and	year?		
Have you attended another in If so, when/where			U?	
1. Have you requested a prevompleted during this extension	vious extension? ☐ Yes	□ No. If yes,		
2. Briefly explain why you sho	ould be granted an exten	sion.		
3. Please itemize all requirem timetable for completing them complete the degree.				
I certify that all of the answer best of my knowledge.			nplete and accurate to the	
Student's Signature: ** Generally, graduate students h	nave 6 years in which to cor	mplete the degree	Date: or 7 years for the doctoral	

degree, except that students admitted to Social Work have 4 years; International students have 2 years.

GS Form: KDK 1/12

This section to be completed by the graduate advisor and the department chair.			
Forward completed form to the Graduate Council in ADM 200.			
Your responses to the following questions will aid the Graduate Council in formulating a decision as to whether the student's program should be extended.			
1. Has the student made any progress toward degree completion? Please explain.			
2. If no progress has been made, are there any extenuating circumstances? Please describe.			
2. If applicable, has the student made any progress toward completion of the thesis?			
3. If applicable, has the student made any progress toward completion of the thesis?			
4. Comment on the student's remaining requirements and the student's proposed timetable for degree completion. If the proposed timetable in not feasible, please recommend alternative.			
Request for extension:   Approved Not Approved  Graduate Advisor			
Request for extension:   Approved Not Approved  Department Chair			
Request for extension:   Approved Not Approved  Thesis Advisor (If applicable)			
Department Comments:			
ACTION OF GRADUATE COUNCIL  Approved Not Approved Date:			
Extension approved through:  For the Graduate Council  Torm Weet  Torm Weet			
Term/Year Term/Year Additional Comments:			