Name__________________________ SIS ID Number __________________

CWRU Email __________________________ Expected Graduation Date____________________

Department/Program: __________________________

**Academic Policy on Time Limitation**

Master’s students have five years from the time of matriculation to complete their degree. PhD students have five years from the first semester of dissertation research registration (course 701 or 753 for DMA students). An extension may be granted if the student and the advisor devise a plan of action to complete the degree within a specified time-frame. **Students will be required to register for a minimum of 3 credit hours during each semester of an approved extension.**

I am requesting an extension for the following term(s):

☐ Fall of _______  ☐ Spring of _______  ☐ Summer of _______

In the space below, provide an explanation to support your request for the extension (please print legibly). Include the status of your studies, a detailed plan of action and a timetable towards degree completion. You may attach a typed statement if you choose.

**Signatures**

Student ____________________________ Date ______________

Faculty Advisor ____________________________ Date ______________

Department Chair/Program Director ____________________________ Date ______________

**For Graduate Studies Use Only**

Approved ☐ Yes ☐ No  Initials _______ Date __________  Email Sent ☐