



# Extension Request Form

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 \_\_\_\_\_

SOM Graduate Education Office \_\_\_\_\_ Date \_\_\_\_\_  
(only for School of Medicine graduate programs)

### For Graduate Studies Use Only

Approved  Yes  No Initials \_\_\_\_\_ Date \_\_\_\_\_ Email Sent