



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

Date Processed _____ Initials _____ Email Sent