



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 \_\_\_\_\_

On a separate sheet, provide an explanation to support your request for the extension. Include the status of your studies, the date of your last committee meeting, and a detailed plan of action with a timetable towards degree completion.

Signature from your home School/College should be from:

- 1) Case School of Engineering = Associate Dean Dan Lacks (djl15@case.edu)
- 2) College of Arts and Sciences = Associate Dean Harsh Mathur (hxm7@case.edu)
- 3) Frances Payne Bolton School of Nursing = Dean Carol Musil (cmm4@case.edu)
- 4) Mandel School of Applied Social Sciences = Professor Victor Groza (vkg2@case.edu)
- 5) School of Medicine = Vice Dean Mark Jackson (mwj7@case.edu)
- 6) Weatherhead School of Management = Senior Associate Dean Gregory Jonas (gaj13@case.edu)

**Signatures**

Student \_\_\_\_\_ Date \_\_\_\_\_

Faculty Advisor \_\_\_\_\_ Date \_\_\_\_\_

Department Chair/Program Director \_\_\_\_\_ Date \_\_\_\_\_

Dean or representative from students' home School/College (see named representative per school/college above) \_\_\_\_\_ Date \_\_\_\_\_

<b>For Graduate Studies Use Only</b>		
Date Processed _____	Initials _____	Email Sent <input type="checkbox"/>