CASE WESTERN RESERVE UNIVERSITY
School of Graduate Studies

Extension Request Form

Name _____ SIS ID Number _____

CWRU Email _____ Expected Graduation Date _____

Department/Program: _____

ACADEMIC POLICY ON THE TIMELINE

Master's students must complete their degree within five years of matriculation. PhD students must complete their degree within five years of beginning dissertation research registration (course 701, or 753 for DMA students). An extension may be granted if the student and advisor develop a plan of action to complete the degree within a specified time frame. Students approved for an extension are required to register for at least 3 credit hours each semester.

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

☐ Fall of _____ ☐ Spring of _____ ☐ Summer of _____

Please provide an explanation supporting your request for an extension, including your current academic status, the date of your last committee meeting, and a detailed plan with a timetable for degree completion.

SIGNATURES

Student _____ Date _____

Faculty Advisor _____ Date _____

Department Chair/Program Director _____ Date _____

Dean or representative from students' home School/College _____ Date _____

For Graduate Studies Use Only

Date Processed _____ Initials _____ Email Sent ☐

revised 11/13/26