Extension Request Form

Name: _________________________ SIS ID Number: _____________ CWRU Email: __________________

Expected Graduation Date: ______________ Program: ___________________________

**Academic Policy on Time Limitation**

Master’s students have five years from the time of matriculation to complete their degree. 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.

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**Signatures**

Student________________________________________________________ Date_____________

Faculty Advisor___________________________________________________ Date_____________

Associate Dean/Chair_______________________________________________ Date_____________

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**For Mandel School Use Only**

Approved [ ] Yes [ ] No Initials_______ Date_______ Email Sent [ ]