



Graduate School
Request for Program Extension

Name:	Student ID:
Address: City: State: Zip:	
Phone: () -	Email:
Advisor:	Date:
Program of Study:	
Semester and Year Program Started:	
Number of Credits Earned in Program:	
Grade Point Average in Program:	
Semester and Year Last Attended:	
Amount of Time Requested for the Extension:	
Reason for Request:	
Recommendation from Program Coordinator:	
Decision:	
Signature:	Date: _____

Instructions: This form is to be signed by your advisor and then submitted to the Graduate School for review. Please submit the request at least one month prior to expiration of Program. Include with this application:

1. A copy of the approved Program of Study
2. A memo, with supporting documents, detailing any additional factors that impacted performance in the program.