

Request for Extension in Time

gradforms@uttyler.edu · STE 345 · 903-566-7457

*It is the student's responsibility to request an extension and provide a statement explaining why the extension is necessary. Only doctoral candidates may request an extension. The completed and signed form must be submitted to The Graduate School.*

**Student Information**

**Student Name:** Enter Name **Student ID:** Enter ID Number

**Semester Entered:** Semester **Year Entered:** Year

**Program:** Enter Program **Date Advanced to Candidacy:** Enter Date

**This is my:  first request  second request  third request**

**Period of Extension Requested:** The maximum period of extension is two semesters.

**Academic Year:** Year **Fall  Spring**

Briefly describe work completed (lit. review, data collection, experiments, statistical evaluation, writing, etc.):

|  |
| --- |
| Enter Description |

Briefly describe remaining work to be completed during the extension:

|  |
| --- |
| Enter Description |

Briefly describe the problems that occurred (lack of equipment, insufficient facilities, lack of supervision, etc.) that delayed completion:

|  |
| --- |
| Enter Description |

**Original Graduation Date:** Enter Date **New Graduation Date:** Enter Date

**Approvals**

**Committee Chair**: Enter Name Approval Date: Select Approval Date

**Director of Doctoral Program**: Enter Name Approval Date: Select Approval Date

**Dean of The Graduate School**: Enter Name Approval Date: Select Approval Date

Please complete this form and direct any questions to The Graduate School (GradForms@uttyler.edu)

\*\* This form is not to be submitted by the student. \*\*