



REQUEST TO EXTEND TIME TO COMPLETE MASTERS/DOCTORAL DEGREE PROGRAM

Graduate School 208 Hovey Hall Campus Box 4040 Normal, IL 61790-4040 Telephone: (309) 438-2583 GraduateSchool@ilstu.edu

To be used by masters students whose six year time to degree has expired or by MFA or doctoral students whose eight year time to degree has expired.

Instructions

Student: Complete Part I using the last sheet if necessary. Then forward to your graduate coordinator or thesis/dissertation chair to complete Part II.

Graduate Coordinator and/or the thesis/dissertation chair: Complete Part II and forward the entire form to 4040 Graduate School Office. Note: If readmission to the degree program is also being requested, the extension of time needs to be approved by the Graduate School prior to readmission.





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PART I: STUDENT'S REQUEST

Degree Program: Thesis/Dissertation committee chair (if applicable): 1. Please give a brief historical account of your progress toward degree completion from your date of admission to the current date. 2. Explain briefly your reason(s) for not completing the program requirements within the allotted time limit of 6 years for a masters, or SSP; 8 years for an MFA or doctoral degree. 3. Have you requested a previous extension? If so, what work was completed during this extension? Briefly explain your reasons for not completing your program requirements during the previous extension. 4. What progress have you made during the past two years toward completion of your degree?	Student	's Name:	UID #:			
Cistate (Zip)	Addres	SS:(Street)	ISH Email:	, ,,		
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	4.	What progress have you made during the	e past two years toward completion of your deg	gree?		
	5.					
Extension requested to (semester/year): Date: Date:						

PART II: GRADUATE COORDINATOR EVALUATION THESIS / DISSERTATION CHAIR EVALUATION (if applicable)

Has the student made any p	progress toward de	egree	Has the student made any progress toward thesis/dissertation completion?						
last two years?	☐ YES	□ NO	last two years?	☐ YES	□ NO				
last year?	☐ YES	□ NO	last year?	☐ YES	□ NO				
last six months?		_	last six months?	☐ YES					
* Provide evidence of currency in all course work more than 6 years old (8 years for MFA or doctoral). Evidence may take the form of a proficiency test, having completed higher level courses in the same content that are current, current work experience that directly relates to all course requirements, or repeating the course. How has currency been assessed? * Comment on the student's remaining requirements and the student's proposed timetable for degree completion.									
* If the proposed timetable is <u>not</u> reasonable, please recommend an alternate timetable. Request for extension: approved denied denied									
			Graduate Coordinator		Date				
Request for extension a	approved	lenied 🔲 🛚							
		T	hesis/Dissertation Chair		Date				
(If the extension request includes the completion of a thesis or dissertation, the chair of the thesis or dissertation committee should also indicate a recommendation and provide a signature in addition to that of the graduate coordinator.)									
OFFICE USE ONLY Recommendation by the G	raduate School								
1									
Extension approved through	: Sem./Yea	ır.	Graduate School						
Extension Denied:	GCIII./ I Ga		Graduate Scribbl		Date				
Extension Bernou.	Sem./Yea	r	Graduate School		Date				

Use this page to add additional information to completely answer the questions.								