



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

Studer	nt's Name:	UID #:		
Addre	ess:(Street)	ISU Email:	(City)	
Phone	(State) (Zip) e Number:			
Degre	e Program:	Graduate Coordinator:		
Thesis	/Dissertation committee chair (if applicable): _			
1.	Please give a brief historical account of y current date.	your progress toward degree completion from y	your date of admission to the	
2.	Explain briefly your reason(s) for not confor a masters, or SSP; 8 years for an MF	mpleting the program requirements within the a A or doctoral degree.	llotted time limit of 6 years	
3.		on? If so, what work was completed during this ogram requirements during the previous extensi		
4.	What progress have you made during the	e past two years toward completion of your deg	ree?	
5.		ssary to complete your degree and propose an nclude with a proposed graduation date (month		
	sion requested to (semester/year): nt's Signature:	Data		
Judel	ito oignataro.	Date	·	

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

Has the student made any completion in the:	progress toward	d degree	Has the student made any progress tow completion?	ard thesis/dissertation
last two years?	☐ YES	□ NO	last two years? YES	□ NO
last year?	☐ YES	□ NO	last year?	□ NO
last six months?	☐ YES	□ NO	last six months?	□ NO
* Provide evidence of cur take the form of a profic current work experien currency been assessed * Comment on the student	rency in all cousiency test, have ce that directly d?	urse work more the ving completed higher relates to all countries and the	stances? If so, please describe. nan 6 years old (8 years for MFA or doct gher level courses in the same content turse requirements, or repeating the courses student's proposed timetable for degree co	hat are current, se. How has
* If the proposed timetable Request for extension:	is <u>not</u> reasonable approved □	le, please recomme denied □	end an alternate timetable.	
request for extension.	арргочец 🗀	defiled	Graduate Coordinator	 Date
Request for extension	approved□	denied 🔲 🔃		
	_	_	Thesis/Dissertation Chair	Date
(If the extension request include recommendation and provide a significant of the commendation and provide a significant of the commendation by the commendation by the commendation by the commendation of th	nature in addition to	that of the graduate co	ion, the chair of the thesis or dissertation committe ordinator.)	e should also indicate a
1				
Extension approved through	jh: Sem./\	Year	Graduate School	
Extension Denied:	Jenn./	. Jul	Graduate Goriooi	Date
Zational Bolliou.	Sem./	Year	Graduate School	Date

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