

# Request for extension of the time limit to complete the requirements of a graduate degree

STUDENT IDENTIFICATION									
LAST NAME		GIVEN NAMES		STUDENT NUMBER					
EMAIL		ACADEMIC UNIT/DISCIPLINE		INITIAL ENROLMENT TO THE PROGRAM					
		DIPLOMA      MASTER'S      PHD		<table border="1"> <tr> <td>YEAR</td> <td>MONTH</td> </tr> <tr> <td></td> <td></td> </tr> </table>		YEAR	MONTH		
YEAR	MONTH								
WHICH PROGRAM REQUIREMENTS HAVE YOU ALREADY COMPLETED?									
COURSE	( YES    NO )	▷	IF NOT, SPECIFY THOSE REMAINING _____	DOES NOT APPLY TO MY PROGRAM					
COMPREHENSIVE EXAMINATION	( YES    NO )	▷	IF NOT, INDICATE ANTICIPATED DATE _____	DOES NOT APPLY TO MY PROGRAM					
OTHER REQUIREMENTS	( YES    NO )	▷	IF NOT, SPECIFY _____	DOES NOT APPLY TO MY PROGRAM					
THESIS	( YES    NO )	▷	IF NOT, PLEASE COMPLETE SECTIONS 1), 2) AND 3) BELOW _____	DOES NOT APPLY TO MY PROGRAM					
1) TITLE OF THESIS									
_____									
2) AT WHAT STAGE ARE YOU IN WRITING YOUR THESIS?									
_____									
3) REASON(S) FOR DELAY									
_____									
_____									
WHEN DO YOU EXPECT TO COMPLETE ALL THE REQUIREMENTS?									
_____									

SECTION TO BE COMPLETED BY THE THESIS SUPERVISOR
DOES THE QUALITY AND QUANTITY OF THE WORK ALREADY ACCOMPLISHED JUSTIFY THE EXTENSION? ( YES    NO ) EXPLAIN:

SECTION TO BE COMPLETED BY THE ACADEMIC UNIT'S DIRECTOR OF GRADUATE STUDIES
RECOMMENDATION FROM THE GRADUATE STUDIES COMMITTEE