

# Doctoral Petition for Extension of Time

\_\_\_\_\_  
NAME BC ID

\_\_\_\_\_  
STREET, CITY, STATE, ZIP CODE

\_\_\_\_\_  
EMAIL PHONE

Length of extension requested \_\_\_\_\_

Provide a statement providing evidence an extension is needed and warranted. Attach a plan and schedule for completion of the degree in the time requested for extension.

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\_\_\_\_\_  
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\_\_\_\_\_

\_\_\_\_\_  
DATE EXPECTED TO COMPLETE PH.D. STUDENT'S SIGNATURE

## Recommendations

Approve  Reject \_\_\_\_\_  
DISSERTATION DIRECTOR DATE

Approve  Reject \_\_\_\_\_  
DEPARTMENT CHAIR DATE

Approved  Rejected \_\_\_\_\_  
ASSOCIATE DEAN DATE

After the petition, with final action by the Associate Dean, has been filed in the student's permanent record, copies of the petition are sent to the student, department chair, and dissertation director.