Master’s/C.A.E.S. Petition for Extension of Time

NAME ___________________________________________ BC ID ________________________________

STREET, CITY, STATE, ZIP CODE __________________________________________ DATE OF MATRICULATION ________________

EMAIL __________________________________________ PHONE __________________________________________

Length of extension requested __________________

Have you previously requested an extension? □ Yes □ No

If yes, when? __________________________ Please attach a copy of approved request.

Semester and year __________________________

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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DATE EXPECTED TO COMPLETE PROGRAM __________________________ STUDENT’S SIGNATURE __________________________

Recommendations

□ Approve □ Reject __________________________________________________________________________

DEPARTMENT CHAIR __________________________ DATE __________________________

□ Approve □ Reject __________________________________________________________________________

ASSOCIATE DEAN OF GRADUATE STUDIES __________________________ DATE __________________________

After the petition has been signed, final action by the Associate Dean of Graduate Studies will be recorded and the form will be filed in the student’s permanent record. A letter will be sent to the student describing the decision and the reasons for it, and copies of the petition are sent to the Department Chair.