

# 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.

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

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.