

Doctoral 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 PH.D.	_____ STUDENT'S SIGNATURE
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Recommendations

Approve Reject _____
 DISSERTATION DIRECTOR DATE

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 and Dissertation Director.