**Petition for Extension of Time**

_Students having reached their degree’s time-limit (Masters: 5 years; Ph.D.: 8 years) should use this form to request an extension._

*Length of extension may not exceed one year.*

**Eagle ID #:**

□ □ □ □ ____________ □ □ □ □ □

**Full Name:** ___________________________  **Signature:** __________________________

**Department:** ___________________________  **Degree:** ___________________________

**Requested Graduation Date:**  
- □ Fall 20__  
- □ Spring 20__  
- □ Summer 20__

Please use the back of this form to provide a statement showing that the extension is needed and warranted; also provide a plan and schedule for the completion of the degree requirements within the time requested.

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**Approvals Required**

<table>
<thead>
<tr>
<th>Role</th>
<th>Approval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advisor:</td>
<td>□ Approve □ Reject</td>
</tr>
<tr>
<td>Graduate Program Director:</td>
<td>□ Approve □ Reject</td>
</tr>
<tr>
<td>GSAS Dean:</td>
<td>□ Approve □ Reject</td>
</tr>
</tbody>
</table>

GSAS Date Received: ___________________________

GSAS notes:

2013f.bf