REQUEST FOR TIME EXTENSION
FOR COMPLETION OF GRADUATE DEGREE

NOTE: Extensions are granted for a maximum of one year.

TO BE COMPLETED BY STUDENT: __________________________

Print Full Name (Last, First, Middle) __________________________

Student ID Number __________________________

Address __________________________

Graduate Program __________________________

City, State, Zipcode __________________________

Degree Sought __________________________

Telephone Number __________________________

E-Mail Address __________________________

EXTENSION REQUESTED THROUGH THE FOLLOWING TERM: __________________________ (not to exceed one year)

I have applied for graduation

I have not applied for graduation

Attached is a statement of my reason(s) for the request and any special conditions related to the recommendation (attach additional sheets if necessary)

Attached is a plan of action of not more than one page

Attached is a letter of support from my Graduate Advisor which includes a time table that lists specific goals to be accomplished at various times during the extension period.

Student __________________________ Date __________________________

Graduate Advisor __________________________ Date __________________________

Graduate School __________________________ Date __________________________

Please return this form to:

The University of Akron
Graduate School
Leigh Hall, Room 515
Akron, Ohio 44325-2101
(330) 972-7663 Telephone • (330) 972-6475 FAX