



The University of Akron
Graduate School

REQUEST FOR TIME EXTENSION
FOR COMPLETION OF GRADUATE DEGREE

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

TO BE COMPLETED BY STUDENT :

Date: _____

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 Approve Disapprove Telephone Extension and E-Mail Address

Department Chair Date Approve Disapprove Telephone Extension and E-Mail Address

Dean of the College Date Approve Disapprove Telephone Extension and E-Mail Address

Graduate School Date Approve Disapprove

Please return this form to:

The University of Akron
Graduate School
Leigh Hall, Room 515
Akron, Ohio 44325-2101
(330) 972-7663 Telephone • (330) 972-475 FAX