

**GRADUATE SPECIAL PETITION
FIVE YEAR COMPLETION DEADLINE EXTENSION**

INSTRUCTIONS:

- 1.) **CLICK ON THE GRAY AREAS TO TYPE IN THE REQUIRED INFORMATION**
- 2.) **COMPLETE ALL SECTIONS OF BOTH PAGES COMPLETELY AND SECURE REQUIRED SIGNATURES. ATTACH EXTRA PAGES WHERE NECESSARY.**
- 3.) **ATTACH APPROPRIATE DOCUMENTATION**
- 4.) **PRINT AND SUBMIT PETITION TO GRADUATE OFFICE (IS-1144)**
- 5.) **THE FINAL DECISION WILL BE POSTED TO THE MEMORANDUM SECTION OF YOUR TRANSCRIPT.**

STUDENT INFORMATION (please print or type)

Name _____

Student Number _____ Address _____

Graduate Program _____
City/State _____ Zip _____

Phone Number _____

E-Mail Address _____

Cumulative GPA _____ Earned Credits _____

Current academic status (Select one): good standing probation suspension

(Continue to page 2)

ACTION (For Office Use Only)

Decision: Approved Denied

Action: _____

Comments/Notes:

Interim Dean, Prof and Graduate Studies _____ Date _____

Page 2 of 2 – Graduate Five Year Completion Deadline Extension

FOR THE STUDENT: Information to be provided and questions to be addressed by the student.

Thesis Committee Chair: _____
or
Professional Project Advisor: _____

Have you met with your chair or advisor and discussed this extension? Yes No

I have a Thesis or Project Proposal on file: Yes No

The new completion deadline that I request is _____

Student Signature _____ Date _____

FOR THE THESIS CHAIR OR PROJECT ADVISOR:

I am confident that the student will complete all degree requirements by the requested completion date and I support this request. Yes No

Comments/concerns:

Chair/Advisor Signature _____ Date _____

GRADUATE PROGRAM CHAIR:

I support the recommendation of the Thesis Committee Chair or the Project Advisor.

Yes No

Graduate Program Chair _____ Date _____