Request for Time Extension (Doctoral)



Toulouse Graduate School

Instructions

Provide documentation in the following order:

- 1. Complete a copy of the student's **Request for Time Extension (Doctoral)**
- 2. A <u>detailed</u> time line determined by you and validated by signature and date of your major professor containing steps to completion of the degree within the requested time extension (see Page 3 of this form).
- 3. Signatures on Page 5 of this form
- 4. Letters from:
 - a. Student (Indicate justification and requested terms/conditions of extension request.)
 - b. Major Professor (Indicate and clearly state what additional coursework is needed; if none is needed, explain how the student is current in coursework; spell out the terms/conditions of the extension request.)
 - c. Program Coordinator (endorse a & b above; may provide additional information)
 - d. Department Chair (endorse a, b, & c above; may provide additional information)
- 5. <u>Current degree plan with grades</u>.
- 6. Resume showing student ID#, place of employment, position and title, work/professional experience, etc.

The above information **must** be provided.

Request for Time Extension (**Doctoral**) Toulouse Graduate School



Name			
Last	First	M.I.	Student ID#
Address	City	State	Zip Code
()Work Phone	Home Phone		mail
Degree Sought (PhD, EdD, etc.)	Major/	Program Area	
Semester and year of	first course that appears on	degree plan:	
Semester hours requir	red for doctoral degree:		
Semester and year Ph	D qualifying exam was pass	sed (if applicable	e):
I request a time exten	sion until the end of:	(Semester and Yea	r)
Previous extension(s)	granted:Yes	_No	
If yes, state	date(s) granted:		
Began program:	(Semester and Year)		
Degree plan filed and	approved:Yes	_No	
Dissertation proposal	defended (if applicable)	(date)	
List all course work the fitter of the extension were	nat would be more than 8 yegranted.	ears old at the tir	me of degree completion

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Name			
Last	First	M.I.	Student ID #
i.e., how the student we courses that expire l	ram requirements ill have kept up with before the requested he program or the	to compensate for this ith or will renew the ited extension date). It is department. Evidence	ollege or School, scourse work deficiency. Information contained in s not sufficient to say the e should be presented how
nish course work, proj	posal drafted, dissen n defense, portfoli	ertation proposal defe o completion date, etc	tes of completion (i.e., nse, collection of data for e.). Additional pages as ne line. Completion Date
We have worked on thi nowledge.	s time line togethe	r and certify it to be a	ccurate to the best of our
(Major Professor)	(Date)	(Student)	(Date)

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Name			
Last	First	M.I.	Student ID #
The above time extension	on request has been	reviewed and approved	l by:
Major Professor (Print)		(Sign)	(Date)
Program Coordinator* (Print)		(Sign)	(Date)
Department Chair** (Print)		(Sign)	(Date)
College or School Dean** (Print)		(Sign)	(Date)
Graduate School Dean ((Print) –	(Sign)	(Date)

^{*}Review of the student's extension request is reviewed by the Program Coordinator a committee of faculty in the student's program area. By approving the extension request, the Program Coordinator is verifying that the procedures used by the program have been followed.

^{**}Review of the student's extension request is reviewed by the Department Chair a committee of faculty in the student's Department. By approving the extension request, the Department Chair is verifying that the procedures used by the program have been followed.

^{***}Review of the student's extension request is reviewed by the College or School Dean or a committee in the College or School designated to review extension requests. By approving the extension request, the Dean is verifying that the procedures used by the College or School have been followed.