

# 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 detailed 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. Current degree plan with grades.
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 Email

\_\_\_\_\_  
Degree Sought (PhD, EdD, etc.) Major/Program Area

Semester and year of first course that appears on degree plan: \_\_\_\_\_

Semester hours required for doctoral degree: \_\_\_\_\_

Semester and year PhD qualifying exam was passed (if applicable): \_\_\_\_\_

I request a time extension until the end of: \_\_\_\_\_  
(Semester and Year)

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 that would be more than 8 years old at the time of degree completion if the extension were granted.

---

---

---

---

---



# Request for Time Extension (Doctoral)

Toulouse Graduate School



Name \_\_\_\_\_  
Last First M.I. Student ID #

The above time extension request has been reviewed and approved 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.