

## **REQUEST FOR PROGRAM EXTENSION Graduate Education Programs**

	it Name:	Т			
Student #:		UWO	E-Mail:		
Student Program:					
Degree Requirements Outstanding:					
Extension requested for the following term(s):   Fall 20   Winter 20   Summer 20					
Extens	ion requested for the following	ig term(s). $\square$ ra	11 20	Summer 20	
Proce	edures:				
1.	1. Complete this form, indicating term(s) (and year) that you are requesting (three maximum). Sig the form and have your Program Advisor OR Thesis/DRP Supervisor sign it.				
2.	2. Submit this form to the Office of Graduate Programs & Research with a brief letter indicating the specific reason for requesting a program extension <b>AND</b> a plan indicating timelines for the completion of all degree requirements. Your letter (including timelines) must be signed by your Program Advisor OR Thesis/DRP Supervisor.				
3.	3. Submit this form by the appropriate deadline: Fall Term – August 1; Winter Term – December Summer Term – April 1.				
4.	4. When your request has been approved, a copy of this form will be sent to you (part time students will receive by mail; full time students will receive a copy in their mail box in the Graduate Programs & Research Office).				
Studen	nt Signature	Date	Advisor/Supervisor Signature	Date	
Associate Dean Signature Date		Date			
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Extension Terms Approved: Fall 20 Winter 20 Summer 20					
Manager's Signature: Date:					
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c.: School of Graduate & Postdoctoral Studies