



REQUEST FOR EXTENSION OF DEGREE TIME LIMITS

IMPORTANT: This form should be submitted to your supervisor (or the Graduate Program Director) if you do not have a supervisor) **at least one month** prior to the expiry of your degree time limit. Completed forms may be submitted via email to gradregistration@brocku.ca.

STUDENT ID NUMBER: _____

NAME: _____

BROCK EMAIL: _____

GRADUATE PROGRAM: _____

NUMBER OF TERMS IN PROGRAM: **Full-time** **Part-time**

Student's Comments:

Please present your appeal for an extension below, outlining (i) the reason for the delay in completing your degree requirements; ii) the current status of your program; (iii) what remains to be completed; and (iv) how much additional time you require to complete the program. Use the back of this form if additional space is required.

Student's Signature: _____ **Date:** _____

Supervisor's (Graduate Officer/Program Director/Chair) Report and Recommendation:

Please complete this form or attach a letter covering the following and forward it to your Graduate Officer/Director/Chair within one week:

- ◆ the present state of the student's work; what remains to be done: _____
- ◆ the amount of additional time required for the student to complete: _____
- ◆ additional comments: _____
- ◆ given the delay, what extra monitoring of progress will be implemented? _____
- ◆ Do you recommend approval of this request: _____ If yes, for how many terms? _____

BROCK GRADUATE SUPERVISOR NAME (if applicable) PLEASE PRINT: _____

Supervisor's Signature: _____ **Date:** _____

GRADUATE PROGRAM'S RECOMMENDATION:

Approved by: _____
 Graduate Program Director

Dean's Recommendation, Faculty of Graduate Studies:

Extension of () terms to end of: Spring (20) Summer (20) Fall (20) Winter (20)

Approved by: _____ Date: _____
 Dean, Faculty of Graduate Studies

For Office Use Only:

GRSEG: Time **No. of Ext.** **Register** **Funding** **Library** **Student** **Dept.** **Supv.** **File**