



UNIVERSITY OF MARYLAND, COLLEGE PARK
The Graduate School



REQUEST FOR TIME EXTENSION
FOR COMPLETION OF GRADUATE DEGREE

NOTE: Extensions are granted for a maximum of one year per request.

Date: _____

Student ID Number grid

Student ID Number

Print Full Name (Last, First, Middle)

Graduate Program grid

Graduate Program

Address

Degree Sought: _____

City, State, ZIP

Email Address

(Area Code) Telephone

Student's Signature

LENGTH OF EXTENSION: _____

If doctoral degree, student [] IS Advanced to Candidacy [] IS NOT Advanced to Candidacy

Use the reverse of this form to state your reason(s) for the request and any special conditions related to recommendation (attach additional sheets if necessary)

Attach a plan of action of not more than one page

Include a letter of support from the Director of Graduate Program which must include a time table that lists specific goals to be accomplished at various times during the extension period. For Masters students, the letter should also include a request for revalidation of any courses that will be more than five years old at the time of graduation.

Advisor (Print Name then Sign) Date

Telephone extension and Email Address

Director of Graduate Program (Print Name then Sign) Date

Telephone extension and Email Address

Director of GEMS or Designee Date

[] Approve [] Disapprove

Please return this form to:

The Graduate School
2123 Lee Building • University of Maryland
College Park, Maryland 20742-5121
301.405.0376 Voice • 301.314.9305 FAX
grschool@deans.umd.edu