

Request for Time Extension for Completion of Graduate Degree



The University of Akron
Graduate School

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

TO BE COMPLETED BY STUDENT:

Date: _____

Print Full Name (Last, First, Middle)

Student ID Number

Address

Graduate Program

City, State, Zipcode

Degree Sought

Telephone Number

E-Mail Address

EXTENSION REQUESTED THROUGH THE FOLLOWING TERM: _____ (not to exceed one year)

_____ I have applied for graduation

_____ I have not applied for graduation

_____ Attached is a **statement of my reason(s)** for the request and any special conditions related to the recommendation
(attach additional sheets if necessary)

_____ Attached is a **plan of action** of not more than one page

_____ Attached is a letter of support from my Graduate Advisor which includes a time table that lists specific goals to
be accomplished at various times during the extension period

Student Date

Graduate Advisor Date

Approve

Disapprove

Telephone Extension and E-Mail Address

Department Chair Date

Approve

Disapprove

Telephone Extension and E-Mail Address

Dean of the College Date

Approve

Disapprove

Telephone Extension and E-Mail Address

Graduate School Date

Approve

Disapprove