Request for an Extension of the Time Limit  
On Completion of the Ph.D./Ed.D. Degree Requirements

Name________________________________________ Student#______________ Date:____________

1) Start of Program (year & semester of your first course): Fall____ Winter_____ Summer____

2) Current expiration date (add 8 years to above figure): Fall____ Winter_____ Summer____

3) New date when all your degree requirements will be finished: Fall____ Winter_____ Summer____

4) Length of the extension you are requesting: (The difference in years and/or semesters between #2 and #3 above).
   Years______ Semesters___________

5) List here any courses taken more than eight years before the new expected completion date. (The date in #3 above).

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<th>Course Number and Title</th>
<th>Hours</th>
<th>Grade</th>
<th>Term &amp; Year</th>
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Justification for acceptance of courses more than eight years old.

____ a) No significant recent developments in field of courses listed above.

____ b) Completed the following course(s) to update knowledge in field:

   Course______________________________________________  Grade____  Date______

   Course______________________________________________  Grade____  Date______

   Course______________________________________________  Grade____  Date______

Reason for Extension Request:

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

Advisor’s Approval_________________________________________  Date________________

Department Chair___________________________________________  Date________________

Graduate Coordinator_______________________________________  Date________________

Graduate Dean_______________________________________________  Date________________