Request for an Extension of the Time Limit
On Completion of the M.Ed. Degree Requirements

Name_____________________________ Student#______________ Date:____________

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

2) Current expiration date (add 6 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 six years before the new expected completion date. (The date in #3 above).

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<tr>
<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 six 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______________