

**COLLEGE OF SOCIAL SCIENCE
REQUEST FOR DOCTORAL PROGRAM TIME EXTENSION**

NAME

PID NUMBER

DOCTORAL PROGRAM

Approved through _____ *semester*

_____ semester(s) beyond the five-year limit for passing the comprehensive examination.

_____ semester(s) beyond the eight-year limit for completion of the doctoral program.

This request is necessitated by the following reasons:

1. _____
2. _____
3. _____
4. _____

My time plan for meeting my obligations if granted is as follows. Please present by semester.

Student Signature

Approved by (signatures):

(Please print names)

Guidance Committee Chairperson

Committee Member

Committee Member

Committee Member

Department Chairperson

Associate Dean

Dean of the Graduate School

DIRECTIONS: Complete form; secure approval and signatures of Guidance Committee, distribute copies to Department Chairperson for approval and forwarding to Associate Dean. The Associate Dean will forward to the Graduate School for approval.

*See Graduate Time Limit Section, Academic Programs Catalog