

Request for an Extension to Complete Degree Requirements

Directions: Complete and submit this form along with a letter explaining the need for the extension and plan of your coursework. The form and letter will be reviewed by the Advisor who will forward the request to the Department Chair for final approval. Please print clearly.

Name: _____

Address: _____

City/State/Zip: _____

Date of Request: _____ WIN #: _____

Phone (H) _____ (W) _____ E-mail _____

Major _____ Advisor _____

Credits completed _____ Credits transferred _____ GPA _____

Reason for request (*state simply and also attach letter with full explanation*)

Extension requested through (*give month and year of anticipated completion*)

Signature _____ Date _____

For Office Use Only

Reviewed by Advisor _____ Date _____ Date

courses started _____ Date admitted _____

Last Attended _____

Recommendation _____

Reviewed by Department Chair

Approved extended through _____

Denied

Reviewed by: _____ Date: _____

Department Chair