

**REQUEST FOR AN EXTENSION
FOR THE COMPLETION OF DOCTORAL COMPREHENSIVE EXAMINATIONS**

(rev. 7/07)

The University time limit for the completion of doctoral comprehensive examinations reflects a reasonable maximum time frame for utilization of university resources and faculty expertise and progress toward degree. An extension to the 5-year time limit for completing the comprehensive examinations is granted only for compelling reasons (serious illness, late change of advisor and course of study, family or employment complications, etc.). Requests for an extension must be received before the initial 5-year limit has expired.

Guidance committee chair: After consultation with the student, please send a letter to the Office of Graduate Studies in the College, explaining the reasons for the request and provisions for the student completing the comprehensive examinations by the new deadline. Please note that the 8-year time limit for completion of the degree remains in effect. If this extension will delay degree completion then you must also submit a "Request for an Extension for the Completion of the Doctors Degree". *This form and the student's letter must accompany your letter and contain your signature and the student's signature.*

1. A letter from student, explaining the request. Usually only one extension will be granted, but if this is a second request, the letter must specify why the first extension did not result in the completion of the degree.

2. The new expected date of completion: Semester ____ Year ____

This date must be approved by the student, the full guidance committee, and the unit administrator responsible for graduate studies, and deemed reasonable and attainable. Since a second extension is not likely, it is important that all concerned are comfortable with the requested completion date.

3. A list of all outstanding requirements for completion and intermediate target deadlines for the completion of each. Faculty members on the guidance committee or the primary adviser agree to monitor and enforce these intermediate deadlines.

I agree to all conditions resulting from 2 and 3 above, as specified in the attachment.

Signature of Student	Printed Name of Student	Date	PID #
Signature of Guidance Committee Chair		Date	
Signature of Assistant/Associate Dean		Date	Extension Approved Through _____
Signature of Dean of the Graduate School		Date	Approved: Yes _____ NO _____