



REQUEST FOR EXTENSION TO TIME ALLOWED FOR DEGREE COMPLETION DOCUMENTATION REQUIRED

When a student requires an extension to their program to achieve degree completion the following documentation is required by the College of Graduate Studies:

- 1) The attached form, fully completed along with the required signatures,**
- 2) A memorandum addressed to the Dean of Graduate Studies providing the rationale for requesting the extension,**
- 3) A detailed work plan signed by the supervisor outlining the following:**
 - a) The number of dissertation chapters completed,**
 - b) When the outstanding chapters will be completed,**
 - c) The anticipated defence date**

Graduate Studies may request progress reports be submitted at various times throughout the extension.

**PLEASE ENSURE ALL DOCUMENTATION IS SUBMITTED TOGETHER TO ENSURE THE REQUEST IS
CONSIDERED IN A TIMELY MANNER.**



REQUEST FOR EXTENSION TO TIME ALLOWED FOR DEGREE COMPLETION

STUDENT INFORMATION:

Student Number: _____

First Name:		Last Name:	
Address:			
Address:		City:	
Prov/State:	Postal Code:	Country:	
Email:	Degree: (e.g. PhD, MA)	Program Name:	

Original Program End Date: _____

Extension requested to: Dec 31, 20__ April 30, 20__ Aug 31, 20__

Please see <http://www.grad.ubc.ca/faculty-staff/policies-procedures/extension> for information on extensions.

The graduate program must include the following in its request to the College of Graduate Studies:

- Memo justifying the request for extension.
- Extension Timeline - showing how the thesis will be completed in the period requested. For sample Extension Timeline: <http://www.grad.ubc.ca/faculty-staff/admin-resources-templates/sample-extension-time-line>

Students will be required to submit one or more progress reports on or before dates specified by the College of Graduate Studies

Memo attached **Timeline attached** **Medical note attached (if applicable)**

I request an extension to the time allowed for degree completion for the above student. (Please note that this form will not be processed for students who have outstanding fees.)

Approval of Supervisor:

Signature Name (Please Print) Program Date (yyyy/mm/dd)

Approval of Graduate Program Coordinator:

Signature Name (Please Print) Program Date (yyyy/mm/dd)

College of Graduate Studies use only:

Date of Approval Signature of Dean of Graduate Studies

Extension Granted: 1st Ext. Add. Ext. Final Ext. Progress Reports: _____

New Program End Date: _____ Report due date(s): _____