

SUNY Potsdam
Graduate and Continuing Ed.

REQUEST FOR EXTENSION – TIME LIMIT FOR GRADUATE DEGREE COMPLETION

Students applying for an extension must complete this form and return it to *Graduate and Continuing Ed.*

A maximum of one year may be granted for extensions. The extension period commences on the date of the expiration of the normal matriculation period. Students **must** describe a plan for completing their remaining program requirements within the time frame of the extension requested. Approvals of additional extensions are *extremely rare*, so students need to make every effort to complete requirements before the extension expires.

NAME: _____ Student ID number: _____

Permanent address: _____

Phone: _____ E-mail: _____

Reason for request/plan for completion:

Attach letter or use back of form if more space is required

Office use only:

The student is requesting an extension through the end of: Spring Summer Fall Year _____

Director, Graduate and Continuing Ed.

Recommended

Not recommended

Date

Dean Signature

Recommended

Not recommended

Date