

**REQUEST FOR TIME EXTENSION
OF COURSE CREDITS
EAST CAROLINA UNIVERSITY
THE GRADUATE SCHOOL**

Name of Student _____ ECU ID _____

Degree _____ Program _____

Semester/Session Admitted _____ Extend time through _____.
(Semester/Session)

This is the _____ request.
(first or second)

**(Include additional space/pages and attached documents as necessary)
JUSTIFICATION (document extenuating circumstances):**

PROPOSED PLAN OF WORK:

PROPOSED TIMELINE:

STATEMENT ON IMPACT ON VALIDITY OF STUDENT'S WORK (statements that course content has not changed are not acceptable, as it is the student's knowledge that is most critical):

STATEMENT OF SUPPORT FROM STUDENT'S GRADUATE PROGRAM DIRECTOR (must include statement of position on extension request by a majority of the student's graduate advisory committee):

(Signature & Date) Graduate Program Director

(Signature & Date) Department Chairperson or Authorized Official

GRADUATE SCHOOL USE ONLY

Credits Committee Action: _____ **Approved through**

(Semester/Session)

Stipulation(s) _____

(Signature & Date) Assoc. Dean of Graduate School

cc: Registrar
Department
Student
Graduate School

revised 08 06 07