

**REQUEST FOR TIME EXTENSION TO COMPLETE
GRADUATE DEGREE REQUIREMENTS
EAST CAROLINA UNIVERSITY
THE GRADUATE SCHOOL**

Name of Student _____ Banner ID _____

Date of request: _____ Degree _____

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 (extenuating circumstances which caused the student to be unable to meet the time limit):

TASKS REMAINING TO COMPLETE THE DEGREE:

WORK PLAN AND TIMELINE DURING WHICH ABOVE TASKS WILL BE COMPLETED AND ELIGIBILITY FOR AWARD OF THE DEGREE WILL BE ACHIEVED:

STATEMENT OF IMPACT ON CURRENCY OF STUDENT'S COURSEWORK AND RESESRCH EFFORT FALLING OUTSIDE THE ALLOWED TIME LIMIT (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 GRADUTE PROGRAM DIRECTOR
AND THESIS OR DISSERTATION COMMITTEE WHERE APPLICABLE**

(Signature & Date) Graduate Program Director

(Signature & Date) Student requesting extension

GRADUATE SCHOOL USE ONLY

Time Extension Approved through _____

(Semester/Session)

Graduate School modification(s) _____

(Signature & Date) Dean of Graduate School or designee

(Signature & Date) Student, acknowledging notice of modifications

cc: Registrar
Department
Student
Graduate School

revised 10/15/13