



The University of Akron  
Graduate School

REQUEST FOR TIME EXTENSION  
FOR COMPLETION OF GRADUATE DEGREE

NOTE: Extensions are granted for a maximum of one year.

TO BE COMPLETED BY STUDENT :

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Full Name (Last, First, Middle)

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Graduate Program

\_\_\_\_\_  
City, State, Zipcode

\_\_\_\_\_  
Degree Sought

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-Mail Address

EXTENSION REQUESTED THROUGH THE FOLLOWING TERM \_\_\_\_\_ (not to exceed one year)

\_\_\_\_\_ I have applied for graduation

\_\_\_\_\_ I have not applied for graduation

\_\_\_\_\_ Attached is a statement of my reason(s) for the request and any special conditions related to the recommendation (attach additional sheets if necessary)

\_\_\_\_\_ Attached is a plan of action of not more than one page

\_\_\_\_\_ Attached is a letter of support from my Graduate Advisor which includes a time table that lists specific goals to be accomplished at various times during the extension period.

\_\_\_\_\_  
Student Date

\_\_\_\_\_  
Graduate Advisor Date Approve Disapprove Telephone Extension and E-Mail Address

\_\_\_\_\_  
Department Chair Date Approve Disapprove Telephone Extension and E-Mail Address

\_\_\_\_\_  
Dean of the College Date Approve Disapprove Telephone Extension and E-Mail Address

\_\_\_\_\_  
Graduate School Date Approve Disapprove

Please return this form to:

The University of Akron  
Graduate School  
Leigh Hall, Room 515  
Akron, Ohio 44325-2101  
(330) 972-7663 Telephone • (330) 972-475 FAX