

DOCTORAL APPLICATION FOR EXTENSION OF TIME

This section is to be completed by the student. Complete this application and submit to your Graduate Program Director.

NAME _____ RUID# _____

PROGRAM _____

DEGREE SOUGHT _____ CREDITS COMPLETED _____

DATE OF FIRST REGISTRATION IN THE GRADUATE SCHOOL _____

DATE TO WHICH EXTENSION IS BEING REQUESTED _____

STUDENT:

Please attach a brief memorandum identifying (i) the specific degree requirements that you have already completed, and (ii) what requirements remain outstanding. Explain why you have been unable to complete the degree requirements within the university's time-to-degree guidelines. Please also include present and future plans for completing these requirements, with a specific timeline for completion of each requirement. Students at the dissertation stage should include a **detailed timeline** for each chapter of the dissertation. Individual graduate programs may also request copies of drafted chapters and / or other elements of the dissertation.

Consult the Graduate School-Newark's catalog for the university's rules governing time limits for degrees. Requests for an extension of time may not exceed one year.

Please type or print clearly.

RECOMENDATION OF THE GRADUATE PROGRAM:

The faculty responsible for this application are satisfied with the student's work to date, accept the student's explanation of the delay, and support the student's plans for completion. It is understood that the student may receive an extension of only one year, based on this recommendation.

A copy of the dissertation adviser's / principal investigator's recommendation is attached. It is understood that the student may receive an extension of only one year, based on this recommendation.

RECOMMENDED BY

_____ Graduate Program Director _____ Date

The Graduate Program Director is requested to forward this application and student's supporting memo to the Graduate School-Newark Dean's Office for review and secondary approval. Upon final action, a signed copy of this form will be returned via email to student and Graduate Program Director.

THIS SPACE TO BE USED BY THE GRADUATE DEAN ONLY:

Conditions for this Extension Time: _____

Approved _____ Not Approved _____ Effective to _____
Month/Year

Signature of Dean _____ Date