

WINONA STATE UNIVERSITY



REQUEST FOR EXTENSION OF TIME TO COMPLETE THE DEGREE

This form is to request additional time beyond the permitted time limits to complete graduate program requirements and is to be completed by the student in consultation with his/her advisor. Information regarding the extension policy is available in the Graduate Catalog.

_____ Date _____ First and Last Name _____ Warrior ID

_____ Street address _____ City _____ State _____ Zip

_____ Phone Number _____ Email Address

_____ Major _____ Degree

REASON FOR REQUEST: _____

ATTACH PLAN FOR COMPLETION WITH STUDENT AND ADVISOR SIGNATURE

Year first enrolled in Graduate coursework: _____

Semester you plan to graduate: Fall 20 _____ Spring 20 _____ Summer 20 _____

_____ Student's Signature _____ Printed Name _____ Date

Advisor Comments: _____

Advisor's Recommendation:

Approve

Not Approve

Advisor's Signature

Printed Name

Date

**Review at Departmental meeting*

Dean of School of Graduate Studies Comments: _____

Extension Approved Through _____

Not Approved _____

Dean of School of Graduate Studies Signature

Printed Name

Date

Copy of completed forms need to be sent to the Department Chair, Academic College Dean's office, and to the School of Graduate Studies office

****If the request is denied, please refer to the Graduate Catalog section "Graduate Student Appeals Process (General)" as a guideline if you wish to file an appeal.**