

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.**