

STUDENT INFORMATION		
<u>Last</u> Name (Current Name on SB Records)	<u>First</u> Name (Current Name on SB Records)	SOLAR I.D. (Not S.S. #)
Graduate Program	Phone	SBU E-mail
Requested Extension (circle/select semesters)		Previous extensions requested:
From: <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall 20____		Select one: <input type="checkbox"/> 0 <input type="checkbox"/> 1
To: <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall 20____		<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+
POLICIES REGARDING TIME LIMITS		
<p>The time-limit for master's degree programs and post-master's advanced graduate certificate programs is five years. The time-limit for advanced graduate certificate programs is three years.</p> <p>Petitions for an extension of the time limit must have the approval of the student's advisor and/or graduate program director and must contain a significant justification for the extension. If approved, the extension will be for a maximum of one semester or one year. Requests for a longer period of time may be considered in special circumstances.</p> <p>Please note: All requests beyond one semester require a contract, approved by the student's advisor and/or graduate program director, which outlines all future milestones towards the completion of the student's degree work (including milestone towards the completion of a dissertation) and the proposed dates by which the student should have completed these tasks.</p>		
REASON FOR REQUEST		
<p>Briefly state the reason for the request. This field is required (and an attachment may be included).</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
Department Approval: _____ School of Professional Development Director		Date: _____
SCHOOL OF PROFESSIONAL DEVELOPMENT REVIEW		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied - Reason: _____		
SPD Approval: _____		Date: _____