

## Request for Extension

*PhD students extending beyond the fifth year, 5<sup>th</sup>-year SM students extending beyond, their 2<sup>nd</sup> term or traditional SM students extending beyond their 4<sup>th</sup> term, please complete this form for submission to the Committee on Education Program.*

### STUDENT INFORMATION:

Student Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Advisor: \_\_\_\_\_

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

1. Please explain your reasons for requesting the extension (required):

2. Month and year in which you expect to complete your defense:

Primary Advisor's Comments (required):

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Student Signature

Date

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Primary Advisor Signature

Date