

Doctoral Petition for Extension of Time

NAME

BC ID

STREET, CITY, STATE, ZIP CODE

DATE OF MATRICULATION

EMAIL

PHONE

Length of extension requested _____

Have you previously requested an extension? Yes • No

If yes, when? _____ Please attach a copy of approved request.
Semester and year

Provide a statement providing evidence an extension is needed and warranted. Attach a plan and schedule for completion of the degree in the time requested for extension.

DATE EXPECTED TO COMPLETE PH.D.

STUDENT'S SIGNATURE

Recommendations

• Approve • Reject _____
DISSERTATION DIRECTOR DATE

• Approve • Reject _____
DEPARTMENT CHAIR DATE

• Approve • Reject _____
ASSOCIATE DEAN OF GRADUATE STUDIES DATE

After the petition has been signed, final action by the Associate Dean of Graduate Studies will be recorded and the form will be filed in the student's permanent record. A letter will be sent to the student describing the decision and the reasons for it, and copies of the petition are sent to the Department Chair and Dissertation Director.