

PART 1. Student information				
Student ID		MUIH Email		
Student name Last	First		Middle	
PART 2. Degree information				
Degree sought:	Program			
Trimester and year admitted to graduate program				
Fall Spring	Summer 20			
PART 3. Extension request				
Request for extension (up to one year) to the 7-year time limit (Doctoral)				
Explain the circumstances for your time extension request and include the anticipated timeline for the completion of any remaining degree requirements. Attach additional documentation in support of your request if applicable (e.g., supporting letters from your advisor, physician, etc.). Please reference Policy 6005 Program Completion and Program Extension for further information.				
			I	
I have reviewed <u>Policy 6005</u> and have created a modified plan of study with		th my academic advisor.	Date	
Student signature:			Date	
PART 4. Approval				
Academic Advisor Name	Advisor Signature		Date	
Department Chair Name	Dept. Chair Signati	ure	.	ApprovedDenied
Department Chair Notes:				