



College of Science
Office of Academic Affairs
 4400 University Drive, MS 6A3
 Fairfax, VA 22030
 Phone: 703-993-3430, Fax: 703-993-9034
<http://cos.gmu.edu/>

REQUEST FOR TIME EXTENSION FOR GRADUATE DEGREE PROGRAM

Student Name: _____
 Address: _____
 Phone Number(s): _____
 E-mail: _____
 Student ID: _____
 Date: _____

Degree: ___Certificate ___MS ___PhD

Program: _____

Details of Requested Time Extension for Completion of Degree:

Previous Agreement

New Agreement:

Admitted to Program: _____
 Advance to Candidacy: _____ Must Advance to Candidacy: _____
 Expected Graduation: _____ Must Graduate: _____

Summary of Reason for Extension (Attach Detailed Memo):

Approved_____	Disapproved _____	_____	
		Student	Date
Approved_____	Disapproved _____	_____	
		Program Director	Date
Approved_____	Disapproved _____	_____	
		Associate Dean for Graduate Studies	Date
Approved_____	Disapproved _____	_____	
		Vice Provost for Academic Affairs	Date