ILLINOIS STATE
UNIVERSITY

Graduate School
209 Hovey Hall
Campus Box 4040
Normal, IL 61790-4040
Telephone: (309) 438-2583
www.grad.illinoisstate.edu

REQUEST TO EXTEND TIME TO COMPLETE MASTERS/DOCTORAL DEGREE PROGRAM

To be used by masters students whose six year time to degree has expired or by MFA or doctoral students whose eight year time to degree has expired.

Instructions

Student: *Complete Part I using the last sheet if necessary. Then forward to your graduate coordinator or thesis/dissertation chair to complete Part II.*

Graduate Coordinator and/or the thesis/dissertation chair: *Complete Part II and forward the entire form to 4040 Graduate School Office.* Note: If readmission to the degree program is also being requested, the extension of time needs to be approved by the Graduate School prior to readmission.

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PART I: STUDENT'S REQUEST

Student's Name: _____ UID #: _____

Address: _____ _____
(Street) (City)

_____ _____ ISU Email: _____
(State) (Zip)

Phone Number: _____ – _____ – _____ Admissions Date: _____

Degree Program: _____ Graduate Coordinator: _____

Thesis/Dissertation committee chair (if applicable): _____

1. **Please give a brief historical account of your progress toward degree completion from your date of admission to the current date.**

2. **Explain briefly your reason(s) for not completing the program requirements within the allotted time limit of 6 years for a masters, or SSP; 8 years for an MFA or doctoral degree.**

3. **Have you requested a previous extension? If so, what work was completed during this extension? Briefly explain your reasons for not completing your program requirements during the previous extension.**

4. **What progress have you made during the past two years toward completion of your degree?**

5. **Itemize all remaining requirements necessary to complete your degree and propose an explicit timetable for completing them. The timetable must conclude with a proposed graduation date (month and year).**

Extension requested to (semester/year): _____

Student's Signature: _____ Date: _____

PART II:
GRADUATE COORDINATOR EVALUATION
THESIS / DISSERTATION CHAIR EVALUATION (if applicable)

Has the student made any progress toward degree completion in the:			Has the student made any progress toward thesis/dissertation completion?		
last two years?	☐ YES	☐ NO	last two years?	☐ YES	☐ NO
last year?	☐ YES	☐ NO	last year?	☐ YES	☐ NO
last six months?	☐ YES	☐ NO	last six months?	☐ YES	☐ NO

* If no progress has been made, are there extenuating circumstances? If so, please describe.

* Provide evidence of currency in all course work more than 6 years old (8 years for MFA or doctoral). Evidence may take the form of a proficiency test, having completed higher level courses in the same content that are current, current work experience that directly relates to all course requirements, or repeating the course. How has currency been assessed?

* Comment on the student's remaining requirements and the student's proposed timetable for degree completion.

* If the proposed timetable is not reasonable, please recommend an alternate timetable.

Request for extension: approved ☐ denied ☐ _____ _____
Graduate Coordinator Date

Request for extension approved ☐ denied ☐ _____ _____
Thesis/Dissertation Chair Date

(If the extension request includes the completion of a thesis or dissertation, the chair of the thesis or dissertation committee should also indicate a recommendation and provide a signature in addition to that of the graduate coordinator.)

OFFICE USE ONLY

Recommendation by the Graduate School:

Extension approved through: _____ _____ _____
Sem./Year Graduate School Date

Extension Denied: _____ _____ _____
Sem./Year Graduate School Date

Use this page to add additional information to completely answer the questions.