



REQUEST FOR EXTENSION TO TIME ALLOWED FOR DEGREE COMPLETION

STUDENT INFORMATION:		Student Number:	
Given Name:		Family Name:	
Email:	Degree (e.g. PhD):	Program:	

NOTE: Students must be in good financial standing in order to be granted an extension, i.e. they may not be on financial hold due to outstanding tuition fees.

Program Start Date: _____ **If trans. from master's, then start date of master's prog.**

Has student been on leave? If so, dates: _____

Original deadline for program completion: _____

Has the student had previous extensions? No Yes **If yes, how many terms in total?** _____

Extension length requested: **From** _____ **to** _____
(yyyy/mm/dd) (yyyy/mm/dd)

NOTE: An extension must correspond with the beginning and end of a term.

Please see <http://www.grad.ubc.ca/faculty-staff/policies-procedures/extension> for information on extensions.

The Graduate Program Advisor must include the following in the request to the Faculty of Graduate and Postdoctoral Studies:

- Memo **from supervisor or graduate advisor** justifying the request for extension and explaining why the attached Extension Timeline is reasonable. Memo must include the date of the last Supervisory Committee meeting and the written report from that meeting.
- For requests for second or subsequent extensions, an explanation of why the previous Extension Timeline was not met.
- Extension Timeline showing how the thesis will be completed in the period requested.

Students will be required to submit one or more progress reports on or before dates specified by the Faculty of Grad. Studies.

Memo from program attached Timeline attached

We request an extension to the time allowed for degree completion for the above student.

We confirm that the student is aware that fees for students on extension may be higher. See Calendar:

<https://vancouver.calendar.ubc.ca/fees/tuition-fees>

Approval of Supervisor:

Signature Name (please print) Program Date (yyyy/mm/dd)

Approval of Graduate Advisor or Head of the Graduate Program:

Signature (must be different from above) Name (must be different from above) Program Date (yyyy/mm/dd)

Graduate Studies use only:		
_____ Date of Approval	_____ Signature of Director/Assoc. Director, SAS	_____ Email notification sent by G+PS clerk
New Program End Date:	Report due date(s):	<input type="checkbox"/> End of every term <input type="checkbox"/> End of every month