

Time Limit Extension Request

The personal information on this form is collected under the authority of the Royal Charter of 1841, as amended.

The information will be used to process your time limit extension request.

Extensions of the prescribed time limits for completion of a degree program (beyond **five** years for a master's and **seven** years for a Ph.D.) may be granted for good reason to students whose academic record is otherwise satisfactory and demonstrates substantial progress towards fulfilling program requirements. This form must be completed by the student in consultation with the supervisor and submitted to the Graduate Coordinator of the Department. If the Department supports the request, it must then be referred to the School of Graduate Studies for approval.

I .	Student Number:	Degree Program:
Department:	Student Email:	
Address:	City/Province:	Postal Code:
Date of Initial Registration:	Date Current Registration	Ends:
hat is your reason for requesting additional	Il time?	
/hat degree requirements have been compl	eted to date?	
s this your: first seco		Time Limit Extension request?
Term(s) Requested	Note: Requests for a second or subse	equent extension must be made using the
Fall (September 1 – December 31)	 Note: Requests for a second or subsequent extension must be made using the same form and must be supported by a written explanation from the supervisor giving a detailed assessment of the student's progress and plans for timely completion of the outstanding program requirements. 	
Winter (January 1 – April 30)		
Spring/Summer (May 1 – August 31)		r roquiromono.
Indicate below your timeline to degree or	empletion and expected completion date	e. Attach a separate sheet if required.
Indicate below your timeline to degree or	empletion and expected completion dat	e. Attach a separate sheet if required.
	empletion and expected completion date	e. Attach a separate sheet if required. Date
Student:	Signatures	
Student: Supervisor:	Signatures ad:	
Student: Supervisor: Graduate Coordinator or Dept Hea	Signatures ad: OL OF GRADUATE STUDIES DECIS decision. Note: It is your responsibility to	Date
Student: Supervisor: Graduate Coordinator or Dept Heat Associate Dean, SGS (or delegate SCHO ou will be contacted by email about the of imit Extension. If your request is NOT ap	Signatures ad: OL OF GRADUATE STUDIES DECIS decision. Note: It is your responsibility to	Date ION to review the SGS regulation for a Time

Copies: Records (O.U.R.) Department Student File