

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 limit for completion of a degree program will be considered if there is satisfactory evidence of progress or extenuating circumstances that could be personal or research-related and which have significantly delayed the student's progress, and upon timely submission of this duly completed and signed Time Limit Extension request form. This request must be supported by the Department/Program and be accompanied by the supervisor's assessment of the student's progress and a plan for completion within 12 months (3 terms). This form must be completed by the student in consultation with the supervisor and submitted to the Graduate Coordinator of the Department/Program. If the Department/Program supports the request, it must then be referred to the School of Graduate Studies for approval.

Student Name:	Student Number:	Degree Program:
Department:	Student Email:	
Address:	City/Province:	Postal Code:
Date of Initial Registration:	Date Current Registration Ends:	

What is your reason for requesting additional time?

What degree requirements have been completed to date?

Term(s) Requested	
<input type="checkbox"/>	Fall (September 1 – December 31)
<input type="checkbox"/>	Winter (January 1 – April 30)
<input type="checkbox"/>	Spring/Summer (May 1 – August 31)

Note: Requests must be supported by a written explanation from the supervisor (or Graduate Coordinator if there is no supervisor) giving a detailed assessment of the student's progress and plans for timely completion of the outstanding program requirements. **Doctoral students must append a copy of their end of year 4 progress report and their end of year 5 progress report.**

Timeline for Degree Completion

Indicate below your timeline to degree completion and expected completion date. Attach a separate sheet if required.

Signatures	Date
Student:	
Supervisor:	
Graduate Coordinator or Dept Head:	
Associate Dean, SGS (or delegate)	

SCHOOL OF GRADUATE STUDIES DECISION

You will be contacted by email about the decision. Note: It is your responsibility to review the SGS regulation for a [Time Limit Extension](#). If your request is NOT approved you will be given an explanation.

(If approved) SGS will grant a Time Limit Extension for the following period of time:

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