

Doctoral students are allowed a maximum of eight calendar years from the time they begin the program until the time all degree requirements are complete. An extension to complete program requirements may be granted following review of the student’s academic standing, progress, and recommendation by the dissertation chairperson. Requests for plan extensions will be evaluated on a case-by-case basis by the Dissertation Chair, Program Director and/or Doctoral Committee, and Associate Dean of Education. If approved, program extensions will be granted on a term-by-term basis. Approval of an academic plan extension does not guarantee an extension of financial aid eligibility. Students are expected to meet the dissertation goals they outline in this request.

Student Name: \_\_\_\_\_ CWID: \_\_\_\_\_

Academic Program: \_\_\_\_\_ Phone: \_\_\_\_\_

Dissertation Title: \_\_\_\_\_ Last enrolled term: \_\_\_\_\_

Dissertation Committee:      Dissertation Chair – \_\_\_\_\_  
    Committee Member – \_\_\_\_\_  
    Committee Member – \_\_\_\_\_

Describe the Present Status of the Dissertation (what you have completed) and proposed timeline for completion:

Outline your goals you expect to complete next term if approved for an extension: (You are expected to meet these goals in order to be considered for further extensions. Failure to meet these goals may result in a grade of No-Credit (NC)).

Have you discussed your above-mentioned goals with your Dissertation Chair?	Yes	No
Have you received IRB approval?	Yes	No
Have you completed your preliminary oral defense?	Yes	No
Have you completed your final oral defense?	Yes	No

Discuss the circumstances affecting non-completion of the dissertation within the allotted program time limit and the steps you are taking to ensure completion:

*You are expected to complete your goals listed on this form. After completing this form, review the information with your dissertation chairperson and ask them to complete their recommendation below and return to you for your submission to your academic advisor. By signing below, I acknowledge that I understand the statements provided above.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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DISSERTATION CHAIR RECOMMENDATION

Petition Decision      APPROVED\*                      DENIED

\*Your approval indicates you agree with the above-mentioned goals and will issue a grade accordingly.

The student has completed a "Term Agreement" outlining goals and due dates for this extension.                      Yes                      No

Additional recommendation(s)/Comments:

Dissertation Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PROGRAM OFFICE

Petition Decision     APPROVED                       DENIED

Program stipulations of approval, or explanation of denial:

Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Associate Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_