

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 Psychology. **Note:** Approval of an academic plan extension does not guarantee an extension of financial aid eligibility. Be sure to discuss further financial aid eligibility with the GSEP Financial Aid Office. For additional academic policies, consult the GSEP Academic Catalog.

Student Name: _____ CWID: _____

Academic Program: _____ Phone: _____

Internship Completion Date: _____ Last enrolled term: _____

Clinical Competence Examination Completion Date: _____

Dissertation Title: _____ Dissertation Type: _____

Dissertation Committee: Dissertation Chair – _____
 Committee Member – _____
 Committee Member – _____

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

Dissertation/Preliminary Oral Defense *Completion Date:* _____ *Anticipated Date:* _____

Dissertation/Final Oral Defense *Completion Date:* _____ *Anticipated Date:* _____

Submission for APA Format Review *Completion Date:* _____ *Anticipated Date:* _____

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

*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: _____

FOR OFFICE USE ONLY

DISSERTATION CHAIR RECOMMENDATION

I recommend that an extension to complete all graduation requirements be granted with a completion date of: _____

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: _____