



Office of Graduate Studies
Statute of Limitations Extension Form

The attached plan for an extension of the statute of limitations for completion of degree requirements has my approval. I recommend that the time limit be extended as indicated below.

Student's Name:

Student's ID:

Graduate Program: Critical & Creative Thinking

Date for Completion of Degree:

(Extensions longer than one year for the master's and two years for the doctorate, or a second extension, require that the GPD attach a justification supporting the request. This will be reviewed by an ad hoc committee)

APPROVED:

Graduate Program Director

_____ Date _____

Dean of Graduate Studies

_____ Date _____

Forwarded to Graduate Registrar

_____ Date _____