

University of Northern Iowa

Graduate College

Preliminary Request for Extension to Complete Graduate Program Request must not exceed 24 months

Part I: Student Request

Name _____
Last First Middle Previous

E-mail _____ Student ID _____

Current Address _____
Number & Street City State Zip Country

Home Phone _____ Cell Phone _____

Graduate Program _____ Graduate Advisor _____

Thesis/Dissertation Committee Chair (if applicable): _____

1. Please give a brief historical account of your progress toward degree completion from your date of admission to the current date.
2. Explain briefly your reason(s) for not completing the program requirements within the allotted time limit of 7 years for a masters or 10 years for a doctoral degree.
3. Have you requested a previous extension? If so, what work was completed during this extension? Briefly explain your reasons for not completing your program requirements during the previous extension.
4. What progress have you made during the past two years toward completion of your degree?
5. Itemize all remaining requirements necessary to complete your degree and propose an explicit timetable for completing them. Indicate dates to meet with Thesis/Dissertation Reviewer. The timetable must conclude with a proposed graduation date (month and year).

Extension requested to (semester/year): _____

Student's Signature _____ Date: _____

