

Time to Degree Extension Request

In addition to this form, please provide a letter of support from your major professor that includes a detailed timeline for completion and submission of the thesis/dissertation. **EXTENSIONS CAN ONLY BE APPROVED DUE TO SUBSTANTIATED EXTENUATING CIRCUMSTANCES.**

Requesting extension through (qtr/year): _____

Name: _____ UC Davis Student ID #: _____

Graduate Program: _____ Degree Objective: _____

E-mail: _____ Phone: _____

Reason for extension request:

Student's Signature: _____ Date: _____

GRADUATE PROGRAM SECTION

I support this extension request I do NOT support this extension request

Comments: _____

Graduate Program Adviser's Signature: _____ Date: _____
(Adviser with signing authority)

Print Graduate Program Adviser's Name: _____

GRADUATE STUDIES SECTION

Approved Denied

Approved through: _____

Associate Dean of Graduate Studies Signature: _____ Date: _____

Staff Initials: _____ Date: _____