

PELP Time Extension Request

PELP (Planned Educational Leave Program)

Requesting extension for quarter(s): _____

Name: _____ UC Davis Student ID #: _____

Graduate Program: _____ Degree Objective: _____

Student E-mail: _____ Phone: _____

Name of Major Professor: _____ Major Professor's email: _____

Student's Signature: _____ Date: _____

Reason for extension request:

Quarter extension approved through: _____

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

Print Graduate Program Adviser's Name: _____

GRADUATE STUDIES SECTION

- Approved Denied
 Registrar's Office notified of PELP
 Approved through: _____

Associate Dean of Graduate Studies Signature: _____ Date: _____

Staff Initials: _____ Date: _____