



# Application for Time to Degree Extension

\_\_\_\_\_  
Print Name (First, Last) Signature Date

\_\_\_\_\_  
Student C-Number Student Empl ID Student Phone Number Student E-mail

\_\_\_\_\_  
Major Degree

Is this the first extension requested for this student?  Yes  No  
If no, please explain:

Will the graduate student assume full responsibility for financial support through completion?  Yes  No  
If no, please explain:

Please attach a memo that provides a reason for this request. The memo should include academic progress to date, and a timeline for completion.

**FOR COLLEGE/SCHOOL/DEPARTMENTAL USE**

**Approval of Student's Advisor or Committee Chair.**

\_\_\_\_\_  
Print Name (First, Last) Signature Date

**Approval of Graduate Program Director.**

\_\_\_\_\_  
Print Name (First, Last) Signature Date

**FOR GRADUATE SCHOOL USE**

Approved  Denied

\_\_\_\_\_  
Print Name (First, Last) Signature Date

Please email this form to [gradforms@miami.edu](mailto:gradforms@miami.edu)