



# RUTGERS

School of Graduate Studies

## APPLICATION FOR EXTENSION OF TIME

APPROVAL FOR EXTENSION OF TIME IS REQUIRED ANNUALLY FOR STUDENTS WHO HAVE COMPLETED 7 OR MORE YEARS OF GRADUATE STUDY.

COMPLETED FORMS, WITH THE SUPPORTING DETAILS AND ENDORSEMENTS OF THE MAJOR ADVISOR AND THE GRADUATE DIRECTOR MUST BE EMAILED BY THE GRADUATE DIRECTOR TO: [acadean@grad.rutgers.edu](mailto:acadean@grad.rutgers.edu). FORMS SENT BY ANYONE OTHER THAN THE GRADUATE DIRECTOR WILL BE RETURNED.

**TODAY'S DATE**

**RUID#**

**NAME**

**NetID**

**RUTGERS EMAIL**

**PROGRAM**

**DEGREE SOUGHT**

**CREDITS COMPLETED**

**NAME OF CURRENT MAJOR ADVISOR**

**EMAIL OF CURRENT MAJOR ADVISOR**

**DATE OF FIRST REGISTRATION IN THE GRADUATE SCHOOL**

**EXTENSION WILL BE GRANTED UNTIL AUGUST OF THE CURRENT ACADEMIC YEAR,**

**IN THE SPACES BELOW, PLEASE PROVIDE DETAILS ABOUT THE FOLLOWING:**

1. Summary of requirements for the degree that have been completed (i.e. number of course credits completed; date of admission to candidacy):

2. Summary of requirements that are outstanding:

3. Title and brief abstract of dissertation project, if known:

4. Members of dissertation committee, if known:

5. Date of acceptance of dissertation proposal by committee or statement that proposal is in progress:

6. Timeline for work to be completed this academic year:

7. Any special circumstances that should be considered in evaluating this extension\*  
Please do **not** send us personal information about confidential or health matters.

***MAJOR ADVISOR REQUIRED COMMENTS:***

The Major Advisor indicates by typing below the acceptance of the above plan for completion of the degree.

**MAJOR ADVISOR NAME:**

**DATE:**

**EMAIL ADDRESS:**

***GRADUATE DIRECTOR REQUIRED COMMENTS:***

The Graduate Director indicates by typing below the acceptance of the above plan for completion of the degree.

**GRADUATE DIRECTOR NAME:**

**DATE:**

**EMAIL ADDRESS:**

***SGS DEAN REQUIRED COMMENTS:***

The Dean of the School of Graduate Studies indicates by typing below the acceptance of the above plan for completion of the degree.

**SGS DEAN NAME:**

**DATE:**

**EMAIL ADDRESS:**