

Part 2 – Directions: This section is completed by the advisor and the request is submitted to the Graduate Education Office (489, Education) for review.

I support a request for a time extension without revalidation through:
(State why revalidation is not required in the comment area.) _____
Proposed New Completion Date
(Month/Year)

I support a request for a time extension with revalidation through:
(List courses for revalidation below) _____
Proposed New Completion Date
(Month/Year)

I do not support a request for a time extension.

If revalidation is required, approximately one-third of over-age courses must be revalidated. List courses for revalidation, term and year of anticipated completion and credit hours.

Course ID (ex: SED 7050)	Term & Year	Cr. Hrs.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Advisor's Comments:

Advisor's Signature

Date

Part 3 – Directions: To be completed by the Graduate Education Office (489, Education)

Time Extension Approved Through: _____
New Completion Date

Revalidation of Courses Required

Time Extension Denied

Additional Information Requested (please print):

Paul W. Johnson
Assistant Dean

Date

- Student's Copy
- Advisor's Copy
- File Copy

For questions or inquires regarding the this decision, please call (313) 577-1601