

Student Name _____ Student Number _____
Program _____ Supervisor _____

I hereby request an extension of _____ term(s), _____ to _____
to enable me to complete: (max. of 3) start term end term

- course requirements (beyond 2 years for M.A./M.Sc.*)
 course requirements (beyond 3 years for Ph.D.*)
or
 thesis requirements (beyond 3 years for M.A./M.Sc.*)
 thesis requirements (beyond 5 years for Ph.D.*)

* maximum time limit other than delay caused by extraordinary circumstances

I understand that approval for the extension of time limit must be granted by my supervisor, the Program Director and the Dean of Graduate Studies. If approval is granted I must complete the requirements in the extended period. Failure to do so will result in my Deregistration from the graduate program at Trent University.

Students **must** include a detailed plan of study. A meeting with the Dean of Graduate Studies to discuss the request may be required. Time Limit Extension requests will not be automatically approved, and are not retroactive.

REASON FOR REQUEST:

Student Signature

Date

Supervisor Signature

Date

APPROVED/ **NOT APPROVED BY:**

DOCUMENTATION RECEIVED

Program Director

Date

Dean

Date

Dean's Comments: