



PETITION FOR EXTENSION OF TIME TO COMPLETE DEGREE REQUIREMENT

Directions: Please complete this petition form, attach necessary pages and obtain required signatures.
Send your completed petition to GraduateStudies@howard.edu

Graduate Program Time Extension requires review and approval by the Graduate Executive Committee of the Graduate School. The petition must be submitted 30 days prior to the next enrollment term.

Extension Request For: (Please indicate degree sought.)							___ Ph.D.	___ M.A.	___ M.C.S.	___ M.Eng.	___ M.P.H.	___ M.S.
Student Name:								Student ID#:				
Address:								HU E-Mail:				
Degree Program:						Department/Graduate Program:						
Graduate Academic Advisor:						Graduate Research Advisor:						
Admit Term:						Current Enrollment Term:						
Have you been granted an extension in the past?											Yes	No
Do you currently receive a Research/Graduate/Teaching Assistantship, Fellowship, or Tuition Award?											Yes	No
What semester or semesters are you requesting an extension? (Please check one of the following options:)												
a. One academic semester (e.g. extension through Fall with expected graduation in July)												
b. Two consecutive semesters (e.g. Fall with expected graduation May)												
c. Other												
Explain:												
1. Please indicate the date when each of the following graduate requirements have been or will be completed: (Indicate N/A if not applicable.)												
a. Required Coursework:						b. Preliminary Examination:						
c. Qualifying Examination:						d. Comprehensive Examination:						
e. Language Examination:						f. Expository Writing Examination:						
g. RCR Training Workshop:						h. Advancement to Candidacy:						
i. Thesis/Dissertation Proposal:						j. Thesis/Dissertation Proposal Defense:						
2. Is your thesis/dissertation research completed?											Yes	No
a. If not completed, what is your current progress and projected timeline for completion? (Please be as specific as possible.)												
b. Give the date that the final draft was/will be given to your committee.								Date:				
c. Provide a date for defense of the thesis/dissertation.								Date:				
3. Have you started your thesis/dissertation research?											Yes	No
If "NO," include a statement as to why.												
4. Please attach a document that includes the following information: (Doctoral Students Only)												
i. What prevented you from completing your program of study within the 7-year time limit?												
ii. A schedule with dates for program completion, be specific as possible.												

Please answer the following questions and provide any supporting documentation.

(To be completed by the academic advisor.)

1. What is the student’s current standing in the program?
2. If the student’s program time limit has already expired, why are you making this request post deadline?
3. Provide a detailed explanation as to why the student did not meet the program deadline. *Have circumstances changed to meet the new deadline if an extension is granted?*
4. Provide a detailed timeline of completion including all intermediate steps anticipated; when will each of the remaining benchmarks be complete (e.g., date, month, or semester & year)? *This timeline should include an acknowledgement that second extensions beyond the timeline are generally not granted and must be signed by the student and major advisor.*
5. Please comment on the students’ ability to complete the program in the requested timeframe. Discuss the status of the remaining requirements to be completed and what stipulations you would suggestion if the student is allowed to complete the program. If the student is a Former Student Returning (FSR), in addition to the time extension, the same comments can be used on the re-admission letter.

Student:	Date:
-----------------	-------

Required Signatures and Endorsements: Do you endorse the students’ request for a program time extension? *In endorsing the request, you are agreeing that the student, if granted an extension for the amount of time requested, is likely to complete all program degree requirements within the requested time frame.*

Academic Advisor:	Date:
--------------------------	-------

I endorse the program time extension.	I do not endorse the program time extension for the following reason(s):
---------------------------------------	--

Director of Graduate Studies:	Date:
--------------------------------------	-------

I endorse the program time extension.	I do not endorse the program time extension for the following reason(s):
---------------------------------------	--

Department Chair:	Date:
--------------------------	-------

I endorse the program time extension.	I do not endorse the program time extension for the following reason(s):
---------------------------------------	--

GRADUATE SCHOOL USE ONLY

Date Received by The Graduate School:	Date Reviewed by Graduate Executive Committee:	Disposition of Petition For Extension of Time		
		<i>Approved</i>	<i>Not Approved</i>	Date:

Graduate Dean’s Signature: