**TRENT UNIVERSITY**
**School of Graduate Studies**
**Peterborough, Ontario,**
**Canada**
**K9J 7B8**

# M.A./M.Sc./Ph.D. Program

## Time Limit Extension Request Form

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: