

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: