

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 and make an appointment to meet with the Dean of Graduate Studies to discuss the request. 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: