

**WESTERN MICHIGAN UNIVERSITY**  
**THE GRADUATE COLLEGE**

**REQUEST TO EXTEND TIME TO COMPLETE GRADUATE DEGREE PROGRAM**

To the student: In order to apply for an extension of time to complete a graduate degree program, you must complete this page (Part I) and meet with your adviser to provide information required in item 3 of Part II. You may be required to document how you have kept current in the knowledge obtained in each course taken beyond the allotted 6 years for the master's degree and 7 years for the doctorate. Your adviser will complete Part III, secure the approval signature of the department chairperson, and forward the completed document to The Graduate College for a decision.

To the adviser: A request for extension beyond 6 years for the master's degree or 7 years for the doctorate is also a request to honor the currency of those courses that have been taken beyond the specified period for the degree. Often the knowledge content of those courses is no longer current enough to be considered relevant toward the degree. Therefore, it is the **responsibility of the adviser** submitting the request to document how the student has brought his or her knowledge up to date for each course that was taken beyond 6 years for master's or 7 years for doctoral study. This may include documenting the following: relevant work activities, continuing education credits, conference attendance, and special readings. It is the **responsibility of the student** to supply the adviser with appropriate documentation of these activities. In those cases where activities have not occurred or where documentation does not exist, the adviser must specify how the student will update his or her knowledge in the specific course area(s). This may include such activities as participating in special seminars, undertaking additional readings, or retaking a course(s). Documentation should include some form of evaluation of student mastery. Such evaluation materials might consist of course grades, grades given to summaries of readings, or grades earned on competency examinations in specific course areas.

Date: \_\_\_\_\_

Student's Name \_\_\_\_\_ Student's ID No. \_\_\_\_\_

Address \_\_\_\_\_  
(street) (city) (state) (zip code)

Department \_\_\_\_\_ Degree program \_\_\_\_\_

Degree level sought \_\_\_\_\_ (Masters or Doctoral) Adviser's Name \_\_\_\_\_

Thesis/Dissertation committee chair, if different than adviser \_\_\_\_\_

Semester and year of admission into graduate program \_\_\_\_\_

Number of Credits Completed to Date \_\_\_\_\_ Number of Credits Yet to be Completed \_\_\_\_\_

**PART I: STUDENT'S REQUEST**

*(1, 2, and 3 below to be completed by the student—use another sheet, if necessary)*

1. Please give a brief but complete historical account of your progress toward degree completion, from your date of admission to the current date.

2. What progress have you made during the past two years toward completion of your degree?



4. (Where Applicable) Describe the methods that **will be** used to update knowledge in those discipline areas in which remediation has not occurred or in which documentation does not exist. The plan should include some intended evaluation of the level of mastery achieved by the student.

**Part III: COMMITTEE CHAIR, ADVISER/GRADUATE DIRECTOR, and DEPARTMENTAL CHAIRPERSON ENDORSEMENTS**

*To be completed by the thesis/dissertation chair (where applicable), the program adviser/graduate director, and the department chairperson—when complete, forward parts I, II, and III to The Graduate College.*

Do you endorse the extension to the graduation date identified in the candidate's timetable? (If the extension request includes the completion of a thesis or dissertation, the chair of the thesis or dissertation committee—if different than the program adviser—should indicate a recommendation and provide a signature in addition to that of the program adviser and departmental chairperson).

_____	yes	_____	no	_____	Signature of thesis/dissertation chair (if applicable)	_____	Date
_____	yes	_____	no	_____	Signature of program adviser/graduate director	_____	Date
_____	yes	_____	no	_____	Signature of department chairperson	_____	Date

If the response to the statement above is "no," please provide an alternative timetable or course of action.

**Return form to:** Dean, The Graduate College  
Western Michigan University  
Kalamazoo, Michigan 49008 – 5242



**Recommendation by the graduate dean:**

\_\_\_\_\_ Extension approved through \_\_\_\_\_  
(graduation date)

\_\_\_\_\_ Extension not approved.

\_\_\_\_\_  
Dean, The Graduate College

\_\_\_\_\_  
Date

The Graduate College  
September 15, 2002