

Notes:

- 1) Once the student has completed part A of this form, it should be submitted to the **department or program office**. Departments are responsible for completion of Parts B and C and submission of the form to the School of Graduate Studies.
- 2) Please ensure Parts A, B, and C of this form are fully completed, giving sufficient information to provide a sound basis for making decisions.
- 3) All forms should be completed in accordance with the regulations outlined in the Calendar of the School of Graduate Studies.
- 4) Please allow one month from the date that the form is submitted to the School of Graduate Studies for a response.

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| FIRST NAME | | FAMILY NAME | | STUDENT NUMBER | |
| FULL-TIME | | PROGRAMME | | DEGREE | |
| PART-TIME | | | | | |

NATURE OF EXTENSION REQUEST:

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|--------------------------|--------------------------------------------------------|
| <input type="checkbox"/> | Time to Completion (including final defence) |
| <input type="checkbox"/> | Comprehensive Examination |
| <input type="checkbox"/> | Visiting Scholars |
| <input type="checkbox"/> | Course Requirements (e.g. an INC until a certain date) |
| <input type="checkbox"/> | Other (specify): |

This form is not to be used for any course-related changes except to extend the date for grade submission. Please use the Request for In-Program Adjustment Form for all other course changes.

This form is not to be used for leaves of absence or annual supervisory committee meeting (please use the Petition for Special Consideration Form).

This form is not to be used for academic accommodations related to a disability. Contact Student Accessibility Service for assistance.

PART A: STATEMENT BY STUDENT

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| THIS CHANGE IS TO BE EFFECTIVE AS OF THE FOLLOWING DATE: (DATE FORMAT YYYY-MM-DD) | |
| DATE SIGNED | SIGNATURE |

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| PLEASE PROVIDE YOUR E-MAIL ADDRESS | |
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PLEASE SUBMIT THE FORM TO YOUR DEPARTMENT AFTER COMPLETING PART A:

B. STATEMENT BY SUPERVISOR: (or if there is no supervisor, by the faculty member most familiar with the student's work)

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| DATE | | PRINTED NAME of Faculty Member | | SIGNATURE | |
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C. STATEMENT BY CHAIR / GRADUATE ADVISOR / PROGRAMME AREA CO-ORDINATOR

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| DATE | | PRINTED NAME | | SIGNATURE | |
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D. REVIEW AND DECISION OF THE SCHOOL OF GRADUATE STUDIES

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| DATE | | PRINTED NAME | | SIGNATURE | |
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