

Request for a Time Extension

Graduate students may request a time extension for a maximum of one year per request. Master's and certificate students should submit a request to re-validate any courses that will be more than five years old at the time of graduation. A third extension request requires a letter of support from the Graduate Director explaining the circumstances that have interfered with the student's progress.

Student's UMD Email Address Four-Character Program Code Length of Extension: one semester	@umd.edu					
Four-Character Program Code						
				Name of Graduate Program		
Length of Extension: one semester	Four-Character Program Code			Month & Year Started		
	one year	Advance to Candidacy date:(doctoral students only)				
Student's Plan o	f Action During Ext	ension Period		Completion Date		
By signing here, I affirm that I have read the (go.umd.edu/gs-time-extension) and unders impact on registration, funding, loans, stude housing, and visa status (for international students)	Student Signat	ture	 Date			
By signing below, I approve the student	,	and support a req	uest for time ex	xtension.		
Primary Advisor Name Signature		ate	Phone Extension	@umd. n UMD Email Address		
Program Director Name Signature	D	ate	Phone Extension			
Graduate School:			Approval			
Graduate School Reviewer Signature	<u></u>	rate	Approval Denial:			