

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 revalidate any courses that will be more than five years old at the time of graduation. A third extension request requires a letter from the Graduate Director explaining the extenuating circumstances.

Student's Full Name (Last, Firs	Student	: UID Number	Today's Date		
	@um	d.edu_			
Student's UMD Email Address		Name o	Name of Graduate Program		
Four-Character Program Code			Degree Sought Month & Year Started		
Length of Extension:	one semester or		ce to Candidacy date: ral students only)	:	
s	Student's Plan of Action I	During Extension Peri	od	Completion Date	
By signing here, I affirm that I have read the policies and understand the impact on registration, funding, loans, student accounts, housing, and visa status (for international students). Student Signature				Date	
	e student's Plan of Action a been followed to approve	this request. For a third	extension, I certify that	a second extension, I certify that departmental procedures have letter.	
Primary Advisor Name	Signature	Date	Phone Extens	gumd.edu Sion UMD Email Address	
Program Director Name	Signature	Date	Phone Exten	gumd.edu sion UMD Email Address	
Graduate School:			Approval		
	 Signature	 Date	— ODenial:		