



School of Graduate Studies and Research
Time Limit Extension Request Form

The personal information on this form is collected under the authority of the Royal Charter of 1841, as amended.
The information will be used to process time limit extension request.

STUDENT NAME: STUDENT NUMBER:

ADDRESS: EMAIL ADDRESS:

DEPARTMENT: DEGREE PROGRAM:

DATE OF FIRST REGISTRATION:

EXTENSION REQUESTED: FIRST SECOND\* SUBSEQUENT\*

TERMS OF EXTENSION REQUESTED: ONE TWO THREE

\* SEE CALENDAR REGULATION Extension of Time Limits for details of required written explanation from the supervisor.

DESCRIPTION OF DEGREE REQUIREMENTS COMPLETED:

REASONS FOR REQUESTING ADDITIONAL TIME:

DETAILED PLAN FOR PROGRAM COMPLETION AND EXPECTED COMPLETION DATE (attach a separate sheet if required):

Student's Signature: Date:

Supervisor: Recommend Approval? Yes No

COMMENTS:

Signature: Date:

Graduate Chair: Recommend Approval? Yes No

COMMENTS:

Signature: Date:

Division Chair: Recommend Approval? Yes No

COMMENTS:

Signature: Date:

EXPIRY DATE OF EXTENSION:

SIGNATURE, DEAN OF SGS: DATE: