



THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

The Graduate School

Request for Extension of Time to: [] Complete Degree (section IA)
[] Remove IN/AB Grade (section IB)

Student's Name _____ PID# _____
Address _____ Phone # _____
Major: _____ Degree Intent: _____ Date Entered: _____

Period of extension requested: _____ through _____
Have you received previous extensions: ___ no ___ yes -> how many _____

Section IA - to be completed by student. Indicate current status of thesis/dissertation, and provide the timetable you will follow to insure completion by extension expiration date. Please explain circumstances that make this request necessary.
(attach additional sheets as necessary)

Section IB - to be completed by student. Describe what work remains to be done and the timetable you will follow to insure completion by extension expiration date. Please explain circumstances that make this request necessary. The course instructor must approve your request by signing below.
Course _____ Semester/Year _____ Instructor _____
(attach additional sheets as necessary)

Section II - to be completed by program. Please indicate why you support or do not support this request.
Request approved: _____ not approved: _____
Director of Graduate Studies Director of Graduate Studies
(attach additional sheets as necessary)

Graduate School Action: ___ approved ___ not approved Date: _____
associate dean signature