Graduate School
UNIVERSITY OF COLORADO
DENVER | ANSCHUTZ MEDICAL CAMPUS

Request for Extension of Time Limit for Degree Completion

NOTE: Requires Adobe Acrobat to fill-in and sign

Student Name:

Student Number:

Degree, Program:

Term Admitted:

This extension is requested for the time period of:
(cannot exceed 3 consecutive semesters)   to

State the reason for requesting an extension of time:

Include a timeline for completion of the degree, including milestones, within the requested timeframe of extension. Failure to include the timeline will result in the time extension not being approved.

Student Signature   Date:

Approved (Required Signatures):

Program Director Signature   Date:

Graduate School Dean   Date: