

Graduate School
RECOMMENDATION FOR TIME EXTENSION
TO COMPLETE DEGREE REQUIREMENTS

University of
LOUISIANA
Monroe

Student Name: _____ CWID: _____

Degree and Major: _____

Date student admitted to degree program: _____

Semester/ year of first graduate course(s) included in degree plan: _____

Semester/year first graduate course(s) included in degree plan will expire: _____

Courses listed on degree plan that are currently or will be out of date (include course name, number, semester hours, grade received, and semester/year completed):

If student is currently enrolled, list courses being taken (include course name, number, semester hours):

Remaining degree requirements: (check all that apply)

- Comprehensive examinations
- Course work: _____ semester hours
- Field study
- Thesis
- Dissertation

If approved, indicate the semester/year in which this extension will expire: _____

Please attach an approved degree plan showing grades for completed courses and add any notes regarding the decision to approve or deny this request.

Print name: Major Professor

Signature

Date