# UNIVERSITY OF MARYLAND, COLLEGE PARK
## The Graduate School

## REQUEST FOR TIME EXTENSION
## FOR COMPLETION OF GRADUATE DEGREE

**NOTE:** Extensions are granted for a **maximum of one year** per request.

Date: _____

_____
Student University ID Number (UID)

_____
Print Full Name (Last, First, Middle)

_____
4 Letter Graduate Program Code

_____
Address

_____
City, State, ZIP

Degree Sought: _____

_____
(Area Code) Telephone

_____
Email Address

_____
Student's Signature

**LENGTH OF EXTENSION**:_____

If doctoral degree, student ☐ IS Advanced to Candidacy ☐ IS NOT Advanced to Candidacy

Use the reverse of this form to **state your reason(s)** for the request and any special conditions related to recommendation (attach additional sheets if necessary)

Attach a **plan of action** of not more than one page

Include a **letter of support** from the Director of Graduate Program which **must include a time table** that lists specific goals to be accomplished at various times during the extension period. **For Masters students**, the letter should also include a request for revalidation of any courses that will be more than five years old at the time of graduation.

_____          _____
Advisor (Print Name then Sign)                     Date     Telephone extension and Email Address

_____          _____
Director of Graduate Program (Print Name then Sign)   Date  Telephone extension and Email Address

☐ **Approve**    ☐ **Disapprove**

_____
Graduate Dean's Designee                           Date

Please return this form to:

The Graduate School
2123 Lee Building • University of Maryland
College Park, Maryland 20742-5121
301.405.0376 Voice • 301.314.9305 FAX
gradschool@umd.edu

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