



Graduate School of Arts and Sciences
 Enrolled Student Office
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 Charlottesville, VA 22904-4773
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Request for an Extension of Time Limit for Degree Completion

This form is required for graduate students intending to enroll as a full-time graduate student beyond their **allowed** time to degree:
 (Doctoral- 7 years, Master's 5 years)

Student Information

Last Name First Name University/SIS ID
 Degree Department Student E-mail
 Extension requested through: Fall Spring Summer Year Planned Enrollment: Off-Grounds
 On-Grounds
 Attach required documentation:
 Statement of progress during the previous two terms
 Detailed academic plan (month-by-month) for the period of the proposed extension indicating when remaining components of the dissertation or thesis will be completed

Advisor Information

Last Name First Name UVA Email ID
 I have reviewed all written material cited by this student as progress during the previous two terms.
 This student exhibits a commitment to full-time dissertation research and writing.
 This student's academic plan for the period of the extension is appropriate and feasible.
 Comments
 _____ Date
 Advisor Signature

Director of Graduate Studies (DGS) Information

Last Name First Name UVA Email ID
 The graduate faculty in our program support this request for an extension of time to complete the degree.
 _____ Date
 DGS Signature

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Semester Admitted First Semester of PhD Beginning Academic Level Ph.D.
 Masters
 Has the student had any breaks in enrollment? NO
 Yes List Semesters in which Student was not enrolled:
 Total Years Student has been working toward obtaining a degree (Excluding Years of Leave):
 Number of Previous Extensions Last Approved Extension Date
 Extension Approved Through Fall Spring Summer Year
 Extension Denied
 Dean Comments
 _____ Date
 Signature of Associate or Assistant Dean for the Graduate School of Arts and Sciences
