

Request for Time Extension of Graduate Program

| Student's Name: | | M# | | |
|---|--|---------------------|------------------|-----------|
| Current Mailing Address | ss: | | | |
| | | | | |
| | City | State | Zip | |
| E-mail Address: | | | | |
| Date of Request: | Degree Sought: _ | | | |
| Department: | | | | |
| Date of Initial Enrollme | ent in MSU Graduate Progr | ram: | | |
| | C | Semester | Month | Year |
| Final Semester of Eight | Year Period: | | | |
| Terminal Date of Reque | ested Extension: | | | |
| - | Month | Year | | |
| Explanation/Justification obtained through myGo | on (please include a detailed ute): | d attachment, and d | an unofficial tr | canscript |

Recommendations

| Recommended | | | Signature | Date |
|-------------|----|---|-----------|------|
| Yes | No | | Signature | Date |
| | | Advisor | | |
| | | Graduate Program Coordinator | | |
| | | Department Chair | | |
| | | Collegiate Graduate Coordinator OR Academic Dean | | |
| | | University Graduate Coordinator | | |