

College of Graduate and Postdoctoral Studies

 Room 116 Thorvaldson Building, 110 Science Place, Saskatoon SK CANADA S7N 5C9
 Telephone (306)966-5751, Fax: (306)966-5756, General E-mail: grad.studies@usask.ca

Students who have reached the end of their time in program, as outlined by CGPS policy, and wish to request an extension must submit this form. All requests for extension are subject to approval by the CGPS. When granted, an extension consists of a four-month period, coinciding with one academic term. If you have already been granted an extension, please contact the programs officer at the CGPS.

Please attach additional documentation where appropriate.

FAMILY/ SURNAME / LAST NAME	GIVEN NAME(S)	STUDENT NUMBER
-----------------------------	---------------	----------------

PROGRAM:

SUPERVISOR:

 DEGREE SOUGHT: Postgraduate Diploma Master's Doctor of Philosophy

TOTAL NUMBER OF CREDIT UNITS REQUIRED FOR THIS DEGREE:

Specify the reason for the delay in completing your program requirements.

On a separate page, include a detailed timeline for completion and forward this to your supervisor and advisory committee:

 (Student Signature)

DATE: _____

APPROVALS:

 SUPERVISOR'S COMMENTS: I support this request I do not support this request

 ADVISORY COMMITTEE: Was an advisory committee meeting held to discuss this request? Yes No
 The Committee: Supports this request Does not support this request

 GRADUATE CHAIR'S COMMENTS: I support this request I do not support this request

 (Supervisor's Name - PLEASE PRINT)

 (Supervisor's Signature)

DATE: _____

 (Grad Chair's Name - PLEASE PRINT)

 (Grad Chair's Signature)

DATE: _____