

**Western Connecticut State University  
Division of Graduate Studies  
Request for Extension to complete Graduate Program**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**ID#:** \_\_\_\_\_

**Program:** \_\_\_\_\_

**Did you transfer any graduate credits into the program?** \_\_\_\_\_

**If yes, how many?** \_\_\_\_\_

**When did you begin your graduate studies at WCSU?** \_\_\_\_\_

**Date of first graduate course taken at other institutions** \_\_\_\_\_

**Extension requested until (date/yr)** \_\_\_\_\_

**Reason: (attach additional sheet if necessary)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date:** \_\_\_\_\_ **Students' Signature** \_\_\_\_\_

**Return the completed form to your Program Coordinator for his/her signature**

**I approve this request for extension:**

\_\_\_\_\_  
**Graduate Coordinator**

\_\_\_\_\_  
**Date**

**Approved:**

\_\_\_\_\_  
**Graduate Dean**

\_\_\_\_\_  
**Date**

**Rev: 05/09**