

**Western Connecticut State University
Office 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:

School Dean

Date

01/26/2023