WESTERN CONNECTICUT STATE UNIVERSITY
SCHOOL OF GRADUATE, INTERNATIONAL AND CAREER STUDIES

Request for Extension to Complete Graduate Program

Student Name: _____ **Banner ID:** _____

Address: _____

Graduate Program: _____

Term of the first graduate course taken at WestConn? _____

Extension request until (term/year): _____

Reason: *(attach additional sheet if necessary)*

Student's Signature: _____ **Date:** _____

Graduate Coordinator Recommendation:

☐ Approved ☐ Denied **Signature:** _____ **Date:** _____

Comments

Academic Dean's Decision

☐ Approved ☐ Denied **Signature:** _____ **Date:** _____

Comments

Completed forms must be submitted to the Office of Graduate Studies.