



## 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* **Printed Name:** \_\_\_\_\_

### Academic Dean's Decision

☐ Approved ☐ Denied **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Comments* **Printed Name:** \_\_\_\_\_