

**Graduate School**  
**RECOMMENDATION FOR TIME EXTENSION**  
**TO COMPLETE DEGREE REQUIREMENTS**

University of  
**LOUISIANA**  
Monroe

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Student Name: \_\_\_\_\_ CWID: \_\_\_\_\_

Degree and Major: \_\_\_\_\_

Date student admitted to degree program: \_\_\_\_\_

Semester/ year of first graduate course(s) included in degree plan: \_\_\_\_\_

Semester/year first graduate course(s) included in degree plan will expire: \_\_\_\_\_

**Courses listed on degree plan that are currently or will be out of date** (include course name, number, semester hours, grade received, and semester/year completed):

**If student is currently enrolled, list courses being taken** (include course name, number, semester hours). **If the student is NOT enrolled, what is his/her status?**

**Remaining degree requirements:** (check all that apply)

- Comprehensive examinations
- Course work: \_\_\_\_\_ semester hours
- Field study
- Thesis
- Dissertation
- Other

**If approved, indicate the semester/year in which this extension will expire:** \_\_\_\_\_

Attach an approved degree plan showing grades for completed courses. *Mandatory*

Add notes regarding the decision to approve or deny this request. *Mandatory*

\_\_\_\_\_  
Print name: Major Professor

\_\_\_\_\_  
Signature of Major Professor

\_\_\_\_\_  
Date

**Graduate Council Decision:**    Approved until \_\_\_\_\_

Extension Denied

\_\_\_\_\_  
*Graduate Council Chair, Signature*

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

\_\_\_\_\_  
*Graduate School Dean, Signature*

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