

UNIVERSITY OF CINCINNATI
Petition for Extension
Of Time-To-Degree

Name _____ SS# _____ - _____ - _____

Department/Program _____

Address _____

Master's _____ Doctorate _____

First quarter registered into program: _____
Month Year

Month/Year Admitted into Doctoral Candidacy, if applicable: _____

Have you had a previous extension(s)? YES NO

If yes, please indicate date(s) (month/year): _____
Month Year

_____ Month Year

_____ Month Year

Extension Requested to: _____
Month Year

Include the following items with this petition:

1. Describe progress toward degree completion to date
2. Provide a letter of support from your Graduate Program Director, and a plan for degree requirement completion and a timeline for achieving important milestones.

Student's Signature _____ Date _____

Major Advisor _____ Date _____

Graduate Program Director _____ Date _____

College Dean/Associate Dean _____ Date _____

Assistant University Dean _____ Date _____
For Advanced Studies

