School of Graduate Studies
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Durham, NC 27707

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www.nccu.edu/academics/sc/graduatestudies/

NORTH CAROLINA CENTRAL UNIVERSITY

REQUEST FOR EXTENSION OF TIME FORM

Student name: _____ Banner ID#: _____

School/College ☐ College of Arts & Sciences ☐ College of Behavioral and Social Sciences
☐ School of Business ☐ School of Library and Information Sciences

Graduate Program: _____ Semester Admitted to Program (i.e. Fall 2016): _____

Is this your first or second request for extension of time (check one)? ☐ First ☐ Second

Extension time (period) being requested: _____

Provide detailed plan and time of completion of degree program (additional sheet will be needed)

This student's plan has been examined and approved by the Department of the degree program to which the student is admitted. The request and recommendation for the extension of time for this student has merit and the student will abide by the plan to complete the degree in the time allotted and approved by the graduate program and by the Graduate Council. The student and the department understand and agree that no consideration will be given to a third request for extension of time. The student's signature below confirms that the student has been presented with this plan and agrees to same.

_____ Date: _____
Student's Signature

Student should not write below this line.

The Graduate Committee, in agreement with the Department Chair, recommend the student named in this request be granted an extension of time to complete his/her graduate program.

_____ Date: _____
Departmental Graduate Committee Chair

_____ Date: _____
Department Chairperson

_____ Date: _____
Graduate Dean

Submit to the School of Graduate Studies.

***Revised* 09/07/2016**