

Request for Extension of Deadline to Complete

*SGPS Graduate Calendar Section 4.03(b)*

Student Name:

Student Number:

Graduate Program:

Degree:

Degree Requirements Outstanding:

Extension requested for the following terms:

Fall

Winter

Summer

*Procedure:*

1. Once completed, this form must be accompanied by the following:

- A separate letter indicating the specific reason for requiring a deadline extension;
- A plan indicating timelines for the student's completion of all degree requirements, approved by the student's supervisor and the Graduate Chair.

2. The request must be submitted to SGPS at least five weeks before the start of the upcoming term to ensure correct registration.

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Supervisor Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Graduate Chair Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Vice-Provost of SGPS Signature

\_\_\_\_\_

Date

For SGPS office use only:

Extension terms approved:

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