# School of Education

## Request for Extension of Time to Complete Degree Requirements

Water Tower Campus ● 820 N. Michigan, 10th floor ● Chicago, IL 60611
Phone: (312) 915-6800 ● (312) 915-6660

### I. Student Request for Extension of Time Limit

<table>
<thead>
<tr>
<th>Name</th>
<th>Loyola ID # (LID)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Last Name]</td>
<td>[First Name]</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Address</th>
<th>Phone</th>
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</thead>
<tbody>
<tr>
<td>[Street]</td>
<td>[City], [State] [Zip Code]</td>
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<table>
<thead>
<tr>
<th>E-mail address</th>
<th>Program</th>
<th>Degree Sought</th>
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<table>
<thead>
<tr>
<th>Date Entered Program</th>
<th>Extension Requested Through</th>
</tr>
</thead>
<tbody>
<tr>
<td>Term</td>
<td>Year</td>
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</tbody>
</table>

(Limit of one academic year)

### Information on academic status and plans.

Please complete the following items:

1. **Current Status in the Program:**
   - [Degree Requirement] [Date Completed]
   - Course work
   - Comprehensive Assessment
   - Dissertation Proposal
   - IRB Approval
   - Dissertation Text

2. **Reason for Extension**

3. **Plan for Completion of Outstanding Degree Requirements:**
   - Describe in detail your plan for completing outstanding degree requirements, including the anticipated date of completion of outstanding dissertation research and chapters, and the anticipated date of the oral defense.

   **Student Signature** [________________________] [Date] [________________________]

   *Student – After completing and (electronically) signing the form, submit to your Dissertation Director*

### II. Recommendation of Faculty

**Dissertation Director:**

[Signature] [Date]

*Dissertation Director – if signing electronically, you can email this form to the Program Chair*

**Program Chair:**

[Signature] [Date]

*Program Chair – if signing electronically, you can email this form to the Associate Dean of Student Academic Services*

### III. School of Education Approval

The School of Education approves an extension of the time limit for the completion of all degree requirements for the above student; the student must complete all degree requirements by [________________________]

**Associate Dean Student Academic Services** [Signature] [Date]

Updated 11/22/2016