

Students who have not completed all degree requirements before their MRP/Thesis/Dissertation submission deadline or by their expected program completion date (i.e. MEd students following the Research Project route) may request an extension of one term. An extension will be considered provided that they have applied as required within the time limit and provided that the degree requirements can be reasonably completed within a one term period.

Please be advised: if your extension is approved, you will be billed the respective continuing registration fee.

Section 1: (To be completed by Student)

First Name: _____ Last Name: _____

Student Email: _____ Student ID: _____

Program: _____ Degree: _____

- | | |
|------------------------------------|--|
| ☐ Full-time | ☐ MRP |
| ☐ Flex-time | ☐ Thesis |
| | ☐ Research Project (MEd only) |
| | ☐ Dissertation |

Date of First Registration in this Degree Program: _____
Month YearNew Degree End Date (one term only): _____
Month YearThis is my 1st/2nd/3rd request: ☐ First ☐ Second ☐ Third ☐ Other _____

Name of Faculty Advisor or Research Supervisor: _____

I understand that by signing below I give permission to be registered in the following term and billed the continuing registration fee.

Student Signature: _____ Date: _____

Section 2:

To be completed by the following individuals in support of this request:

- MRP/Thesis/Dissertation – To be completed by the Research Supervisor.
- Research Project (MEd only) – To be completed by the MEd student in consultation with their Faculty Advisor.

State the reasons for not completing the degree requirements to date:

What portion of this degree has been completed within the past 12 months?

Estimate the amount of work remaining to be done: (outline a tentative timeline)

Specify any major commitments the student has undertaken which could affect the tentative timetable for the extension period:
(if applicable)

Is it reasonable to expect that the work be completed within the extension period?

Section 3: Signature Area

Research Supervisor (MRP/Thesis/Dissertation) or Faculty Advisor (MEd Research Project only):

Name (print)

Signature

Date

Graduate Program Coordinator/Chair

Name (print)

Signature

Date

Associate Dean of Graduate Studies:

Name (print)

Signature

Date

**Associate Vice-President of Research,
Innovation & Graduate Studies:**

Name (print)

Signature

Date