



Use this form to request a 1 term extension beyond the deadline for your Comprehensive Examination. Forms should be submitted by your departmental deadline in the term prior to the term you require an extension.

**NOTE:** failure to submit an extension by your departmental deadline may result in you being required to withdraw.

Surname: \_\_\_\_\_ Given name(s): \_\_\_\_\_

Department: \_\_\_\_\_ ID #: \_\_\_\_\_

Supervisor(s): \_\_\_\_\_

Term:  Fall  Winter  Spring Year \_\_\_\_\_ **Cumulative Term Number:** \_\_\_\_\_

Program:  PhD2  PhD3  PhD3 transfer Attendance:  Full-time  Part-time

Extension:  First  Second  Other \_\_\_\_\_

**Candidate's justification for extension:** Must include reasons for delay, a summary of accomplishments, plan and timeline for program completion. Please attach this information in additional pages.

\_\_\_\_\_  
Student signature Date

**Supervisor(s)' recommendation:**  Approved  Not approved

**Supervisor(s)' Comments:**

\_\_\_\_\_  
Candidate's supervisor signature (1) Date

\_\_\_\_\_  
Candidate's supervisor signature (2) Date

**Associate Chair of Graduate Studies' recommendation:**  Approved  Not approved

**Comments:**

\_\_\_\_\_  
Associate Chair of Graduate Studies signature Date

Extensions requested for term 7 and above must be sent to EGSO for approval by the Associate Dean of Graduate Studies

**Associate Dean of Graduate Studies' recommendation:**  Approved  Not approved

**Comments:**

\_\_\_\_\_  
Associate Dean of Graduate Studies signature Date