



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: _____ Email: _____ ID #: _____

Supervisor(s): _____

Term: Fall Winter Spring Year: _____ Term Count: _____

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

Extension: Frist 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 Date

Candidate's co-supervisor signature Date

Associate Chair, Graduate Studies recommendation: Approved Not Approved

Associate Chair, Graduate Studies comments:

Associate Chair, 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, Graduate Studies recommendation: Approved Not Approved

Associate Dean, Graduate Studies comments:

Associate Dean, Graduate Studies signature Date