UNIVERSITY OF WATERLOO

Request for program extension

Use this form to:
- Request to continue studies beyond graduate program time limits.

Instructions:
1. Complete all sections applicable to you, then sign and date the form.
2. Submit to your academic department. A communication will be sent to you from your academic department or Faculty informing you of the decision on your request to continue studies beyond term limits.
3. Submit the form by the deadline identified below. If the form is not received by the specified date, you will be required to withdraw from your graduate program.

Deadlines:
This form must be received by your academic department by these dates (unless alternative dates specified by department):
- fall term – August 1
- winter term – December 1
- spring term – April 1

For more information about this form and the extension process, review the Request for Program Extension form web page.

Section 1: Student information

University of Waterloo student identification number _____

Last name(s) _____ First name(s) _____

Email _____ Program level: ❑ master's   ❑ doctoral

Faculty (e.g. Arts) _____ Department or School (e.g. History) _____

Number of terms completed in current program _____ Current registration status: ❑ full-time ❑ part-time

Section 2: Extension requested

Effective term: ❑ fall   ❑ winter   ❑ spring   year _____

Extension: ❑ first term ❑ second term ❑ third term ❑ more than three terms, please specify: _____

Please attach a separate document where you: 1) identify the rationale for your request to continue your studies beyond graduate program time limits and 2) provide plan for the completion of your degree requirements (including a timeline). Additionally, attach your most recent evaluation of progress and feedback (e.g., progress/activity report, advisory committee report).

Student signature _____ Date (mm/dd/yy) _____

Section 3: Recommendations / Decisions

Supervisor recommendation

❑ approved   ❑ not approved

Signature _____ Date (mm/dd/yy) _____

Graduate Officer decision/recommendation

❑ approved   ❑ not approved

Signature _____ Date (mm/dd/yy) _____

Associate Dean decision (if student is 3+ terms over program time limit)

❑ approved   ❑ not approved

Signature _____ Date (mm/dd/yy) _____