



The City University of New York

### APPLICATION FOR GRADUATE TIME EXTENSION

Any matriculated graduate student who exceeds the time\*limit allowed for the completion of the degree, **MUST** complete a time extension form, which if approved, **requires the signatures of both the graduate advisor and divisional dean.**

\*The time limit for completing **all** degree requirements is **four years EXCEPT** for programs in **Education, Health Sciences, Nursing and Social Work** where **five years** is allowed\*.

Name \_\_\_\_\_  
Last First Middle Maiden/Other  
ID/SS# \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Program of Study \_\_\_\_\_

Phone #: HOME \_\_\_\_\_  
WORK \_\_\_\_\_  
CELL \_\_\_\_\_

Are you currently enrolled? \_\_\_\_\_ If not, did you apply for re-admission? \_\_\_\_\_  
YES NO YES NO  
If yes, which semester? \_\_\_\_\_ FALL \_\_\_\_\_ SPRING \_\_\_\_\_ SUMMER  
YEAR YEAR YEAR

STUDENT SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_

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**FOR COMPLETION BY THE GRADUATE ADVISOR AND DIVISIONAL DEAN**

APPLICATION DENIED \_\_\_\_\_  
APPLICATION APPROVED \_\_\_\_\_ EXTENSION GRANTED UNTIL \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

SEMESTER	COURSE PREFIX	NUMBER	COURSE TITLE

GRADUATE ADVISOR  
SIGNATURE \_\_\_\_\_

DIVISIONAL DEAN  
SIGNATURE \_\_\_\_\_

DEPARTMENT STAMP \_\_\_\_\_ DATE \_\_\_\_\_

DEPARTMENT STAMP \_\_\_\_\_ DATE \_\_\_\_\_

