

TIME EXTENSION REQUEST

Doctor of Philosophy

Ph.D. Office, 5057 Woodward Avenue, Suite 6305

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Name _____ Date _____

PID _____ E-mail _____ Telephone _____

Address _____

*The advisor, in consultation with the student, should complete the form below, obtain needed signatures, and attach the required documents. (Attach additional pages if necessary.) The form should be submitted to the departmental Graduate Director. **The total time in which to earn the PhD degree, including all extensions, is 12 years.***

CHECKLIST

<input type="checkbox"/>	Expiration date of the seven-year time limit:	Number of previous extensions granted:
<input type="checkbox"/>	Proposed Extension Deadline Date:	
<input type="checkbox"/>	Detailed Timeline to completion is provided below	
<input type="checkbox"/>	Student's Annual Progress Reports are attached	
<input type="checkbox"/>	Dissertation committee members' approval of extension is shown below by their signatures	
<input type="checkbox"/>	Approval of the Graduate Director is shown below by his/her signature	

1. Describe the reasons for the time extension request.

2. Explain how the student's circumstances have changed to now allow completion of the dissertation.

3. Present compelling evidence of the student's progress toward completion of the dissertation.

4. Provide a plan and a timeline for completion of the dissertation.

5. Explain how the student has remained current in his or her field.

The signatures below indicate the dissertation committee's endorsement of the time extension request.

Dissertation Advisor's name and signature Date

Committee member's name and signature Date

Committee member's name and signature Date

Committee member's name and signature Date

Departmental Graduate Director's name and signature Date

Approval:

Dean, The Graduate School Date