



Request for Program Extension

The submission of this form is required for students who will not complete all degree requirements within the six-year time period designated in the WTAMU Catalog. The six-year time limit began with the original enrollment date to the active Master's program.

Program Extension request for:

Name _____ Buff ID number _____

Graduate Program _____

Exception requested for:

- Delay caused by a change in major field of study
- Delay caused by a change in research topic
- Delay caused by unexpected research problems
- Delay caused by documented course availability
- Delay caused by illness or other personal circumstance
- Other _____

I, the academic advisor of the above named student, certify that he/she/they is a graduate student in good standing. **I consider my advisee to be making satisfactory progress towards a degree, and I support his/her/their request for program extension.**

Length of Extension _____

Expected semester and year of graduation _____

Student _____ Date _____

Advisor _____ Date _____

Graduate Dean _____ Date _____