Andrews 🕲 University

GRADUATE PETITION - TIME EXTENSION

FirstName:	Middle:		LastName:	
E maile	Dana	vtmont.		ID#:
E-mail:	Depa	artment:		
Bulletin Year:	Major Area:			Degree:
Year admitted to doctoral program:			Date:	
REQUEST FOR TIME EXTENSION: (indica	ate term & year)			
				Time Line Attached
REASON:				
Explain the circumstances for your time extensi adviser, physician, etc.).	ion. Flease attach any addition	ardocumentatio	in in support of your request	le.g., supporting letters from your
Student Initial:			Date:	
APPROVAL:	Approve	Deny	Date:	*The graduate Dean's signature is needed for <u>any exceptions to</u> <u>minimum standards voted by the</u> <u>Graduate Council,</u> including exceptions to policies for provisional/ regular admission (including English Language standards), normal course loads, residency,
Department Chair	Approve	Deny	Date:	degree candidacy and deadlines, time limitations on degrees, credit transfers, second degrees,
GEPC DECISION:				updating, grade changes, grade- point average requirements, academic probation, comprehensive examinations, projects/theses/ dissertations, application for
				graduation deadlines, etc
Dean, School of Education	Approve	🗌 Deny	Date:	
Dean, School of Graduate Studies	Approve	Deny	Date:	