Request for Extension of Study

School of Graduate Studies and Research
Edinboro University of Pennsylvania
Edinboro, Pennsylvania 16444
814-732-2856 or 1-888-845-2890

Name: _____ Banner # @_____

Address: _____
Street City

_____
State Zip Code

Phone: _____ Email: _____

PROGRAM: _____

Concentration (if applicable): _____

Name of your advisor, if you have one: _____

Semester/Session in which you intend to complete your program:_____, 20___.

REASON FOR EXTENSION:

_____

_____

_____

_____

_____ _____
Signature of Applicant Date

- **RETURN ORIGINAL FORM TO THE GRADUATE OFFICE.**
- Approval of all extensions must be made by the Dean of Graduate Studies and Research, your advisor (if applicable) and by your department head. The Graduate Office will send a letter of notification regarding approval or disapproval to you.
- If you have any questions, please feel free to contact the Graduate Office.

Do not write below this line - Official Use Only

____ Approve ____ Disapprove _____
Graduate Advisor (if applicable) Date

____ Approve ____ Disapprove _____
Graduate Program Head Date

____ Approve ____ Disapprove _____
Graduate Dean Date