

### **Graduate Program Extension Request**

Students who have not completed the program requirements by the maximum time to completion (For MA & MSc, normally 5 years from the start of the program; for other programs see Academic Calendar 8.5.2) may apply for a one-year program extension.

For a full discussion of the eligibility, policy, procedures for requesting an extension, please consult section 8.5.7 of the Academic Calendar <u>prior</u> to submitting a request.

**Note:** Students granted an extension are charged an extension fee, equivalent of 6-cr tuition. (Policies and procedures are also described in Section 3 of the "Guide to Graduate Studies")

Student Name:
StFX Student ID:
Address:
Phone Number:
StFX e-mail:
Program of Study:
Program start date:
Supervisor's name:
Are you requesting consideration for full-time status as per Section 8.5.5 of the
Academic Calendar? Yes No
Student Signature:
I understand that if I am approved for an extension, I will be charged the extension fee,
which is the equivalent of 6 credits tuition.
Date:

#### Part A – To be completed by the student

#### **REQUIRED ATTACHMENTS**

#### MA and MSc:

1. The student must attach a letter outlining the reasons for requesting an extension and presenting a plan describing how the degree requirements will be completed during the extension period.

2. Students requesting consideration for full-time status must submit a separate letter providing evidence that they meet requirements for full-time students as outlined in Section 8.5.5 of the Academic Calendar. The Thesis/ Faculty Supervisor must also sign this letter.

#### **Masters in Education:**

1. A letter from the student giving the reasons for and duration of the extension <u>MUST</u> be attached to this form.

#### Masters in Adult Education:

1. The student must attach a letter outlining the reasons for requesting an extension and presenting a plan describing how the degree requirements will be completed during the extension period. The following items are required as part of this letter:

- a. Letter to the Department Chair copied to supervisor with accompanying documentation and stated reason(s) for the request. Complete a timeline for completion of the remaining phases of the program.
- b. A letter from your supervisor either recommending or denying the request, with stated reasons.
- c. The Department Chair, on the basis of a. and b. will make a recommendation to the Dean for a decision.

 Students requesting consideration for full-time status must submit a separate letter providing evidence that they meet requirements for full-time students as outlined in Section
S.5.5 of the Academic Calendar. The Thesis/ Faculty Supervisor must also sign this letter

## Part B – To be completed by the Departmental Graduate Studies Program Coordinator or the Chair as appropriate

Extension Request Recommended: Yes No
Date:
Comments (or attach letter):
If the extension is granted, the revised completion date will be:
Anticipated graduation date: Spring 🗌 Fall 🗌 Year:
Signature:
Date:

# Part C: To be completed by the Associate Vice-President, Research and Graduate Studies as Chair of the Committee on Graduate Studies.

Extension Request: Granted Not Granted
Full-time Status Request: Not applicable 🗌 Granted 🗌 Not Granted 🗌
Comments/Conditions:
Signature:
Date:

**Notification of decision:** Student, Dean, Graduate Coordinator or Chair, Registrar, Student Accounts