

Graduate School  
University of North Carolina at Wilmington

REQUEST FOR EXTENSION OF DEGREE TIME LIMIT

Name \_\_\_\_\_ SID \_\_\_\_\_

Degree \_\_\_\_\_ Major \_\_\_\_\_ Track \_\_\_\_\_

Term of initial enrollment \_\_\_\_\_

Extension requested through (term) \_\_\_\_\_

Justification: (if appropriate attach supporting documentation)

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Graduate Coordinator: _____ Date: _____	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Department chair or dean: _____ Date: _____	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Graduate School: _____ Date: _____	
Date posted to SIS: _____ Exit term: _____ By: _____		