



## UW OSHKOSH OFFICE OF GRADUATE STUDIES REQUEST FOR EXTENSION OF TIME TO DEGREE COMPLETION



All academic requirements applying to a degree (including work transferred) must be completed within a seven-year period. The MS Nursing program has a five-year period. The period begins with the date of the term in which the first degree course was taken. A student requesting to extend the degree completion period beyond 7 or 5 years will submit this form to the program coordinator.

Name \_\_\_\_\_

Student ID# \_\_\_\_\_

Street \_\_\_\_\_

Program \_\_\_\_\_

City, State, Zip \_\_\_\_\_

First term course applied toward degree:

\_\_\_\_\_ Term

\_\_\_\_\_ Year

Original degree completion date (7 years from first term):

\_\_\_\_\_ Term

\_\_\_\_\_ Year

Anticipated term for completing all degree requirements:

\_\_\_\_\_ Term

\_\_\_\_\_ Year

Give justification for extension request. Be specific. Use additional sheet(s) if necessary.

---



---



---



---

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Advisor: \_\_\_\_\_ Date \_\_\_\_\_  
 Approved                       Not Approved

Program Coordinator: \_\_\_\_\_ Date \_\_\_\_\_  
 Approved                       Not Approved

Director, Graduate Admissions: \_\_\_\_\_ Date \_\_\_\_\_  
 Approved                       Not Approved

Graduate Studies office use only: \_\_\_\_\_

Signed copies will be returned to: Graduate Studies student file / Student / Graduate Program Coordinator