

REQUEST FOR RESEARCH PROJECT COMPLETION EXTENSION

OFFICE OF GRADUATE STUDIES
DEMPSEY 345, gradschool@uwosh.edu

LAST	FIRST	M.I.	STUDENT ID#
STREET ADDRESS	CITY	STATE	ZIP
DEGREE PROGRAM			

Please indicate the type of culminating experience you are completing:

- Thesis
- Dissertation
- Capstone Project
- Field Project
- Other _____

Project Steps:

- Data Collection Done
- Full Draft Written/Submit for Format Approval
- Title Pages and Printed Manuscript Copies to Graduate Studies

Anticipated Dates:

Please Note: Deadlines are established by the Office of Graduate Studies to ensure that graduate students meet degree audit and graduation deadlines. ***Extensions to deadlines may result in a change of your participation in commencement and graduate degree conferral date.*** Extensions are not approved until this request form is signed by all individuals listed below. Please check with the Graduate Studies Office if a separate Time-to-Degree extension is also needed.

STUDENT SIGNATURE	DATE
ADVISOR/COMMITTEE CHAIR SIGNATURE	DATE
GRADUATE PROGRAM COORDINATOR SIGNATURE	DATE
DIRECTOR OF GRADUATE SERVICES SIGNATURE	DATE