

ACADEMIC PROGRAM TIME LIMIT EXTENSION REQUEST FORM

Students in nordegree programs (Posbaccalaureate or Graduate Certificate [COGS/CAGS]) are expected to complete their programs (coursework and all other requirements such as benchmarks/program exits/projects) within 9 consecutive terms (3 years from the original term of matriculatio students in graduatevel degree programs are expected to complete their programs (coursework and all other requirements such as benchmarks/program exits/projects/thesis) within 21 consecutive te) programs the original term of matriculation.

An extension(typically of not more than three consecutive terms, depending upon remaining credits/requirements for program completion) to the nodegree or graduate degree program completion time limit may be requested by the student by completing this form, acquiring the required signatures below, and then returning the form to the School of Graduate Studies for final approval.

| Student's Last Name | First Name | MI | Rowan Banner ID Number | Entry Term |
|---|---------------------------------|---------------|---------------------------------|------------------|
| | | | 7 1 | |
| Email Address | Phone number | | Program Name | |
| | | | | |
| is requesting an extension to documentation): | the program completion time lin | nit for the f | ollowing reason(s) (please atta | ch any necessary |
| accumontation,. | | | | |
| | | | | |
| | | | | |
| | SIGNATURE | S BELOW | VERIFY THAT: | |

- 7 The student is aware that the program must be completed by the end of the extension;
- 7 The student and academic advisor have met and discussed a plan that will allow the student to complete the program if the extension is granted; and,
- 7 The student is aware that if the program is not completed in the extended time period, the program may move to dismiss the student or require the student to officially reapply to the program, and will be subject to all catalog and programmatic changes consistent with their new matriculation term, if readmitted.

REQUIRED SIGNATURES

(It is the student's responsibility to obtain all required signatures.)

| 1. | | | |
|--|---------------------------------|---------------|--|
| Student Signature | Printed Name | Date | |
| 2 | | | |
| Dissertation Advisor Signature doctoral candidate) | Printed Name | Date | |
| 3 | | | |
| Graduate Program Coordinator | Printed Name | Date | |
| 4 | | | |
| College/School (Dean/AD/Other Designee | Printed Name | Date | |
| EMAIL TO gradu | ateschool@rowan.eftor final sig | natu e | |
| | | | |
| Dean School of Graduate Studies | Printed Name | Date | |