

# TIME EXTENSION REQUEST

Return completed and signed form to  
UCA Graduate School, 201 Donaghey Avenue, Torreyson West 328, Conway AR 72034

Name \_\_\_\_\_ UCA ID # \_\_\_\_\_ UCA email \_\_\_\_\_

Degree Program \_\_\_\_\_

Date first course completed (including any transfer work) \_\_\_\_\_ UCA cum. graduate GPA \_\_\_\_\_

Date began UCA program \_\_\_\_\_ Semester/Year \_\_\_\_\_ Time extension request until \_\_\_\_\_ Semester/Year \_\_\_\_\_

**All requirements for a master's degree must be satisfied within six consecutive years and for a doctoral degree within ten consecutive years.** *(Graduate Bulletin: General Requirements, Statute of Limitations)*

**••Extension requests are not reviewed without the following information••**

List of course work that will expire by the term of the requested extension (when degree would be conferred).

Dept. & Course #	Course Title	Term/Year Earned	Credit hours

Student must provide an attached statement to include the following:

- **For each course** requiring an extension, provide a statement outlining explicit reasons why the outdated courses are still a viable part of your graduate program and how you have kept up-to-date with the **current** content of each course.
- **Time line:** List pertinent details (e.g. courses, comprehensive exam, other requirements, etc.) and expected date of completion.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Date *mm/dd/yy*

Dept. Approver's Name (print) \_\_\_\_\_

Title/Position \_\_\_\_\_

Dept. Approver's Signature \_\_\_\_\_

Date *mm/dd/yy*

\*\*\*\*\*

Extension approved through (semester/year) \_\_\_\_\_  Not approved

Graduate School Dean \_\_\_\_\_ Date \_\_\_\_\_