Graduate Student Extension Request

CCAS Office of Graduate Studies Smith Hall 118 801 22nd Street, NW Washington, DC 20052



Email: *ccasgradserv@gwu.edu Phone*: 202-994-6210

Student Name GWID			
Degree and Program			
First semester in program Have you been granted an extensi	on in the past?	Yes	No
Do you work? Yes No If yes, how many hours per week?			
Do you currently receive a graduate assistantship, fellowship or tuition award?	Yes	No	
Through what semester are you requesting an extension?			
You must attach documentation that includes the following information:			
 A summary of the work you have completed on your dissertation to date What work remains to be completed on your dissertation. What prevented you from completing your program within the 8-year tine A schedule with dates for completion of the remaining components of your dissertation advisor. PsyD students: A summary of the work that you have completed on your MAP to date. What work remains to be completed on your MAP (if it is incomplete). Whether or not you have completed your internship, and the internship What prevented you from completing the program within the 5-year time A schedule with dates for completion for the remaining components of your davisor (if applicable). Master's students What prevented you from completing the program within the 4-year time A summary of the work you have completed on your thesis and what reresented with dates for completion of the remaining components of your davisor, or what coursework is remaining for the degree. 	me limit. our dissertation, a start and end date ne limit. your MAP, approve ne limit. mains to be done (es. ed by your N if applicable	ЛАР 2)
Director of Graduate Studies:	Approve	Deny	
DGS Comments (Required):			

DGS Signature _____ Date _____