EXTENSION FOR DEGREE

GRADUATE DIVISION

Valparaiso University

NAME _____ Student ID _____

LOCAL STREET ADDRESS _____ Cum GPA _____

City _____ State ____ Zip _____ Email _____ Phone _____

Degree: _____ Concentration: _____

Semester/year degree started: _____

I would like to petition for an extension of time to complete my master's degree program at Valparaiso University. I have been unable to complete this work on time because

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I expect to complete all requirements for the degree by _____

_____

_____

Student's Signature: _____ Date: _____

Dean's Signature: _____ Date: _____ ❒ Approved ❒ Denied

Extended to: _____ **Semester** _____ **Year** **N**otification to Student: _____
Comments:

The form, completed with appropriate information and signatures, must be submitted to the Office of Graduate Studies.