

## School of Graduate and Postdoctoral Studies (SGPS)

# Graduate Studies – Request for Program Extension

School of Graduate and Postdoctoral Studies (SGPS)

## Supervisor/Project Advisor Information:

Supervisor:

Co-supervisor (if applicable):

Faculty:

Supervisor's Comments (attach an additional document if needed):

By signing this form, I acknowledge exceeding my program's time limit. My account will be on hold until the extension request is approved. If unresolved by the registration deadline, reinstatement/readmission may be required and is not guaranteed.

Student's Signature:

Date:

## To be completed by the Supervisor/Co-supervisor (if applicable), Graduate Program Director and SGPS Associate Dean:

Supervisor Signature:

Co-supervisor Signature:

GPD/Designate Signature:

Associate Dean SGPS Signature:

Date:

Date:

Date:

Date:

Approved

Declined

Approved

Declined

Approved

Declined

Approved

Declined

## SGPS USE ONLY

Processed by:

Signature:

Date: