

**Request for Extension of Time to Complete Degree Requirements**  
Master's Degree Programs  
College of Education

**This section to be completed and signed by student**

**Name:** \_\_\_\_\_ **PID:** \_\_\_\_\_

**MSU Email:** \_\_\_\_\_ **@msu.edu**

**Program Code:** \_\_\_\_\_ **Program Name:** \_\_\_\_\_  
(please refer to STUINFO if you are unsure of your official program name and code)

**Master's Degree Track:**  MA  MS **Master's Plan:**  A (requires thesis) or  B (no thesis)

**Advisor:** \_\_\_\_\_ **Semester and year admitted to program:** \_\_\_\_\_

**Semester and year of initial course(s) applied to program:** \_\_\_\_\_

**Program requirements to be completed during the time extension. If granted a time extension, I will complete the specific requirements list below during the specific semesters indicated:**

**Courses (include semester and year, ex. EAD123 FS2013):**

**Examinations (including semester and year):**

**Residency (semester and year):**

Note: Residency means enrollment in at least 6 credits on-campus, while admitted to current master's degree granting program. However, some master's programs require more, and some online and off-campus programs do not require the minimum. Check with your department if you are unsure.

**If choosing Master's Plan A (Thesis option), what semester and year do you intend to successfully submit your thesis to the Graduate School:**

**Signature of Student:** \_\_\_\_\_ **Date** \_\_\_\_\_

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***This section to be completed and signed by academic advisor***

**Recommended action:**  Refuse time extension and withdraw student from program

Extend time through \_\_\_\_\_ semester 20\_\_\_\_ under following conditions:

\_\_\_\_\_  
\_\_\_\_\_

**Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department Chair Signature (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved by Dean: Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Recommended action by Advisor and/or Associate Dean, if any:** \_\_\_\_\_

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