



ACADEMIC PROGRAM TIME LIMIT EXTENSION REQUEST FORM

ABOUT THIS FORM: All matriculated Rowan graduate students are expected to complete their academic programs within the time limits [outlined in policy](#). Those who do not will officially become “inactive” in the student information system and may have to reapply or request a special extension in order to continue.

Students in **non-degree programs** (Post-baccalaureate or Graduate Certificate [COGS/CAGS]) are expected to complete their programs (coursework and all other requirements such as benchmarks/program exits/projects) within 9 consecutive terms (3 years) from the original term of matriculation. Students in **graduate-level degree programs** are expected to complete their programs (coursework and all other requirements such as benchmarks/program exits/projects/thesis) within 21 consecutive terms (7 years), from the original term of matriculation.

An **extension** (typically of not more than three consecutive terms, depending upon remaining credits/requirements for program completion) to the non-degree or graduate degree program completion time limit may be requested by the student by completing this form, acquiring the required signatures below, and then returning the form to the School of Graduate Studies for final approval.

<i>Student's Last Name</i>	<i>First Name</i>	<i>MI</i>	<i>Rowan Banner ID Number</i>	<i>Entry Term</i>

<i>Email Address</i>	<i>Phone number</i>	<i>Program Name</i>

is requesting an extension to the program completion time limit for the following reason(s) (*please attach any necessary documentation*):

SIGNATURES BELOW VERIFY THAT:

- ✓ The student is aware that the program must be completed by the end of the extension;
- ✓ The student and academic advisor have met and discussed a plan that will allow the student to complete the program if the extension is granted; and,
- ✓ The student and academic advisor are aware that if the program is not completed in the extended time period, the student will need to officially reapply to the program, and will be subject to all catalog and programmatic changes consistent with their new matriculation term, if readmitted.

REQUIRED SIGNATURES

(It is the student's responsibility to obtain all required signatures.)

1. _____		
<i>Student Signature</i>	<i>Printed Name</i>	<i>Date</i>
2. _____		
<i>Dissertation Advisor Signature (if doctoral candidate)</i>	<i>Printed Name</i>	<i>Date</i>
3. _____		
<i>Graduate Program Coordinator</i>	<i>Printed Name</i>	<i>Date</i>
4. _____		
<i>College/School (Dean/AD/other designee etc.)</i>	<i>Printed Name</i>	<i>Date</i>
5. _____		
<i>Dean, School of Graduate Studies</i>	<i>Printed Name</i>	<i>Date</i>

EMAIL TO graduateschool@rowan.edu UPON RECEIPT OF THIS FORM, The Office of Academic and Student Information Services (OASIS) will record the decision and notify the student via email, copying the signatories above.