

UNIVERSITY OF SOUTH ALABAMA GRADUATE SCHOOL
REQUEST FOR A DEGREE TIME EXTENSION

Student Name _____ Student Number J00 _____

Student E-mail Address: _____ Student Program: _____

Time Extension requested (List specific semesters and projected term of graduation. Example: Student is requesting 3 additional semesters: Spring 2020, Summer 2020, Fall 2020, Graduate Fall 2020):

Reason for degree time extension request (additional pages may be attached if needed):

RECOMMENDATION for degree time extension

(Department Chair or Graduate Coordinator) Date

(Director of Graduate Studies) Date

APPROVAL of degree time extension

(Dean of the Graduate School) Date