



School of Graduate Studies

Guidelines for Extensions to Graduate Programs

The circumstances under which extensions should be granted should fall in one of the following categories:

1. Academic Circumstances

- (a) inability of supervisor to continue;
- (b) lack of appropriate academic resources;
- (c) other extraordinary circumstances.

2. Personal Circumstances

- (a) well-documented medical reasons or prolonged medical disability;
- (b) inordinate family responsibilities such as extended in-home care of a relative, parental leave (within last 12 months), or job-related move out of the city/province over which there was no control.

Period of Study - Request for Extension to Program

I hereby appeal to the Academic Council Executive, School of Graduate Studies, for an extension to my graduate program.

Student Information			
MUN #:	Last Name:	First Name:	Middle Name:
Academic Unit:		Degree:	
Date Program was/will be Terminated:		No. of Additional Semesters Requested:	
Previous Extensions			
Have any previous extensions been granted?		Yes	No
If yes, when?			
Stage of Program Completion (Check all that apply)			
Coursework has been completed.		Yes	No
The proposal has been accepted.		Yes	No
The research has been completed.		Yes	No
A complete draft has been completed.		Yes	No
The draft has been reviewed by my Supervisory Committee.		Yes	No
I have completed chapters of to be written.			
The thesis is ready for examination.		Yes	No
The thesis has been submitted for examination.		Yes	No
Outline of the Reason(s) for the Delay			
Outline the reason(s) for the delay in completing your degree requirements. Use an additional sheet if necessary. (If any medical grounds are cited, attach the appropriate medical documentation).			
Program Completion			
Detailed plan for program completion (including timeframe).			
Student Signature			
Signature:		Date:	

Supervisor and Department Head/Graduate Officer/Assistant or Associate Dean/Director (As appropriate)			
Comments:			
Appeal supported Supervisor Signature:		Not supported	
Date:		Appeal supported Academic Unit Representative Signature:	
Date:		Date:	
Dean/Associate Dean of Graduate Studies			
Comments:			
Granted Signature:		Denied Date:	
Recommendation of Academic Council Executive			
Appeal should be		Granted	
Secretary Signature:		Denied	
Secretary Signature:		Date:	

Memorial University protects privacy and maintains the confidentiality of personal information. The information requested in this form is collected under the general authority of the Memorial University Act ([RSNL1990CHAPTERM-7](#)). It is required for administrative purposes of the School of Graduate Studies. If you have any questions about the collection and use of this information, please contact the Manager – Enrolment and Strategic Initiatives, School of Graduate Studies, at 709.864.2445 or at sgs@mun.ca.

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