

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Number

F-T \_\_\_\_\_ P-T \_\_\_\_\_  
No. of Terms of Registration

\_\_\_\_\_  
Date of First Registration

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Co-Supervisor Name (if applicable)

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EXTENSION REQUEST FOR THE TERM  Fall  Winter  Summer Year \_\_\_\_\_

REASONS FOR THE DELAY IN COMPLETING THESIS REQUIREMENTS

TIMELINE TO COMPLETE THESIS REQUIREMENTS

\_\_\_\_\_  
Expected Date/Month of Thesis Examination

COMMENTS OF ASSOCIATE CHAIR (GRADUATE)

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval of Graduate Chair

\_\_\_\_\_  
Date