

**FORDHAM UNIVERSITY**  
**Graduate School of Education**

Request for Extension of Time to Complete Doctoral Degree

Name \_\_\_\_\_ FIN \_\_\_\_\_

Home Address \_\_\_\_\_ Home phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Division: \_\_\_\_\_ Program: \_\_\_\_\_ Degree: Ph.D Ed.D

Semester and Year of first course in doctoral program \_\_\_\_\_

Semester and Year of admission to doctoral program \_\_\_\_\_

Semester and Year of permanent matriculation \_\_\_\_\_

I hereby request a ONE YEAR extension of time in which to complete my doctoral program. Attached is a copy of my action plan and schedule signed by my dissertation mentor and division chair that demonstrates the feasibility of completing my degree within the one-year extension. I understand that failure to complete the program within the extension will result in the termination of my matriculation.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

I have reviewed the attached plan & schedule and find it acceptable; therefore, I recommend approval of a one year extension.

Approved \_\_\_\_\_  
Dissertation Mentor                      Date

Approved \_\_\_\_\_  
Program Coordinator                      Date

Approved \_\_\_\_\_  
Division Chairperson                      Date

An extension of time is Approved \_\_\_\_\_ Denied\* \_\_\_\_\_ for the completion of the doctoral degree. The extension expires on \_\_\_\_\_, the date by which all remaining requirements including the satisfactory completion, defense, and format review of the dissertation must be completed.

Approved \_\_\_\_\_  
Associate Dean for Academic Affairs                      Date

\*Reason request denied: \_\_\_\_\_

\_\_\_\_\_  
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