Graduate Education
UNIVERSITY OF COLORADO **DENVER**

Request for Extension of Time Limit for Degree Completion

Student Name: Student ID Number:

Degree, Program: Term Admitted:

This extension is requested for the time period of: to
(cannot exceed 3 consecutive semesters)

State the reason for requesting an extension of time:

Include a timeline for completion of the degree, including milestones, within the requested timeframe of extension. Failure to include the timeline will result in the time extension not being approved.

Student Signature: Date:

Approved (Required Signatures):

Program Director: Date:

Program directors route signed form to GraduateEducation@ucdenver.edu

Office of Graduate Ed: Date: