

## Student Program Extension

<b>Student Name:</b>	
<b>PID#:</b>	

Date student begin program:

Program \_\_\_\_\_ requires completion within (7-years) per the curriculum set by the Byrdine F. Lewis School of Nursing and Health Professions.

Program Coordinator AND Committee Chair: The student whose name appears above wishes to apply for an extension of the time allocated for completion of their program of study. The student is engaged in the following academic program/concentration: \_\_\_\_\_

1. Do you recommend that this student be given additional time to continue their studies?  
       \_\_\_\_\_ Yes                \_\_\_\_\_ No
  
2. Expected (term/date) student is to complete the program? \_\_\_\_\_

The student has not yet completed the current program of study due to (please check all that apply):

- \_\_\_\_\_ Delay caused by change in research topic
- \_\_\_\_\_ Delay caused by unexpected research problem
- \_\_\_\_\_ Other: (Please explain)

Your signature

PhD Coordinator Signature (Below)	Date: (Below)
Printed Name:	

Committee Chair Signature	Date:
Printed Name:	