TIME EXTENSION REQUEST
Doctor of Philosophy
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W AY N E S T A T E
Graduate School

Name ___________________________ Date ______________________

PID ___________________ E-mail __________________________ Telephone ________________

Address ____________________________

The advisor, in consultation with the student, should complete the form below, obtain needed signatures, and attach the required documents. (Attach additional pages if necessary.) The form should be submitted to the departmental Graduate Director. The total time in which to earn the PhD degree, including all extensions, is 12 years.

CHECKLIST

Expiration date of the seven-year time limit: ____________________
Number of previous extensions granted: ____________________

Proposed Extension Deadline Date: ____________________

- Detailed Timeline to completion is provided below
- Student’s Annual Progress Reports are attached
- Dissertation committee members’ approval of extension is shown below by their signatures
- Approval of the Graduate Director is shown below by his/her signature

1. Describe the reasons for the time extension request.

2. Explain how the student’s circumstances have changed to now allow completion of the dissertation.

3. Present compelling evidence of the student’s progress toward completion of the dissertation.
4. Provide a plan and a timeline for completion of the dissertation.

5. Explain how the student has remained current in his or her field.

The signatures below indicate the dissertation committee’s endorsement of the time extension request.

Dissertation Advisor’s name and signature  Date

Committee member’s name and signature  Date

Committee member’s name and signature  Date

Committee member’s name and signature  Date

Committee member’s name and signature  Date

Departmental Graduate Director’s name and signature  Date

Approval:

Dean, The Graduate School  Date