

Notes:

1. Please ensure Parts A, B and C of this form are fully completed, giving sufficient information to provide a sound basis for making decisions. Students are responsible for completing Part A and departments are responsible for the completion of Parts B and C and submission of the form to the School of Graduate Studies via Service Request.
2. All forms should be completed in accordance with the regulations outlined in the Calendar of the School of Graduate Studies and will be retained as part of the student’s official record.
3. Please ensure you are using the correct form for your purpose prior to submitting.

[Full List of Forms](#)

4. This form is not to be used for academic accommodations related to a disability. For assistance, please contact [Student Accessibility Services](#)

First Name:	Full-time	Part-time
Last Name:	Full Program Name:	
Student ID Number:	Degree:	
Is this your first request? Yes or No	What is your current Term Count?	
Nature of Extension: <input type="checkbox"/> Time to Completion (including final defence) <input type="checkbox"/> Milestones (including Comprehensive Examination) <input type="checkbox"/> Visiting Scholars <input type="checkbox"/> Course Requirements (e.g. an INC until a certain date) <input type="checkbox"/> PhD Supervisory Committee Meeting	Extension End Date: (e.g., INC grade due by 2024/05/30, or extend for one additional term until 2024/08/31)	
Part A: Statement by Student (Please complete before submitting to your department)		
Date:	Signature:	

Part B: Statement by Supervisor (or if there is no supervisor, please enter N/A in the box)

Date:

Signature:

Printed Name of Faculty Member:

Part C: Statement by Chair/Graduate Advisor/Department Approver

Date:

Signature:

Printed Name of Chair:

**Once parts A, B, and C of this form are fully complete, please submit via Service Request
"Request for Extension" – R0006**