

EXTENSION OF TIME FOR COMPLETION OF DEGREE REQUIREMENTS

LOYOLA UNIVERSITY CHICAGO THE GRADUATE SCHOOL

Name _____ LUC ID# _____
Last First Middle

Address _____ Phone # _____
Street City State Zip

Email _____@luc.edu Program _____ Circle one: thesis or dissertation

Date Entered Program _____ Extension Requested Through _____ (limit of 1 academic year)
Term Year

Information on academic status and plans

Please answer the following items on a separate piece of paper and attach to this form. **Please note: The Graduate School will not act on your request if complete information is not provided.**

1. Current Status in the Program:

Degree requirement _____ Date Completed _____

Course work _____

Comprehensive Examinations _____

Dissertation/Thesis Proposal _____

Dissertation/Thesis Text _____ Note whether research is complete and which chapters have been submitted to the dissertation committee.

2. Reason for Extension

3. Plan for Completion of Outstanding Degree Requirements:

Describe in detail your plan for completing outstanding degree requirements, including anticipated date of completion of outstanding dissertation/thesis research and chapters, and the anticipated date of the oral defense.

Student Signature _____ Date _____

Recommendation of the Faculty (Please do not submit this form to the Graduate School without these signatures.)

Dissertation/Thesis Director _____
Printed Name Signature Date

Graduate Program Director _____
Printed Name Signature Date

Graduate School Approval

The Graduate School approves an extension of the time limit for the completion of all degree requirements for the above student: the student must complete all degree requirements by _____

Graduate School Officer _____ Date _____

Return to the Graduate School, Granada Center 400, LSC