EXTENSION OF TIME
FOR COMPLETION OF DEGREE REQUIREMENTS

Name: __________________________________________ LUC ID#: ________________________

Program: ______________________________________ Circle One: Masters or Doctorate

Email: ____________________________@luc.edu Phone: _(______)_______________________

Date Entered Program: ___________ Extension Requested Through: ________________ (limit of 1 academic year)

Information on Academic Status and Plans:
Please answer items #2 and #3 on a separate piece of paper and attach to this form.
Note: The Graduate School will not act on your request if complete information is not provided.

1) Current Status in the Program:

<table>
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<th>Degree Requirement</th>
<th>Date Completed</th>
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<tr>
<td>Course work</td>
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<td>Comprehensive Examinations</td>
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<tr>
<td>Dissertation/Thesis Proposal</td>
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<tr>
<td>Dissertation/Thesis Text</td>
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Indicate 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: (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

Return to the Graduate School, Granada Center 400, LSC

Graduate School Approval: (Office Use Only)
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 Official: ____________________________ Date: __________________