

School of Education
**Request for Extension of Time to
 Complete Degree Requirements**



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Preparing people to lead extraordinary lives

I. Student Request for Extension of Time Limit

Name _____ Loyola ID # (LID) _____
Last First Middle

Address _____ Phone _____
Street City State Zip Code

E-mail address _____ Program _____ Degree Sought _____

Date Entered Program _____ Extension Requested Through _____ (Limit of one academic year)
Term Year Term Year

Information on academic status and plans.

Please complete the following items:

1. Current Status in the Program:

<u>Degree Requirement</u>	<u>Date Completed</u>
Course work	_____
Comprehensive Assessment	_____
Dissertation Proposal	_____
IRB Approval	_____
Dissertation Text	_____

On a separate sheet of paper respond to the following two items and attach them to this form.

Note: The School of Education will not act on your request if incomplete information is provided.

2. Reason for Extension

3. Plan for Completion of Outstanding Degree Requirements:

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

Student Signature _____ Date _____

Student – After completing and (electronically) signing the form, submit to your Dissertation Director

II. Recommendation of Faculty

Dissertation Director: _____
Signature Date

Dissertation Director – if signing electronically, you can email this for to the Program Chair

Program Chair: _____
Signature Date

Program Chair – if signing electronically, you can email this form to the Associate Dean of Student Academic Services

III. School of Education Approval

The School of Education 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 _____

Assistant Dean Student Academic Services

Date