

## **Master of Education Program Extension Request**

Students who have not completed the program requirements by the maximum time to completion (see Academic Calendar 8.5.2) may apply for a one-year program extension.

For full discussion of the eligibility, policy, procedures for requesting an extension, please consult section 8.5.7 of the Academic Calendar <u>prior</u> to submitting a request.

## Part A – To be completed by the student

Student Name:
StFX Student ID:
Address:
Phone Number:
StFX e-mail:
Program of Study:
Supervisor's name (if applicable):
Student Signature:
Date:

Note: A letter from the student giving the reasons for and duration of the extension <u>MUST</u> be attached to this form.

## Part A - To be completed by the Departmental Graduate Studies Program Coordinator or the Chair as appropriate

Extension Request Recommende	ed: Yes	No	)									
Date:												
Comments (or attach letter):												
If the extension is granted, the re	evised co	mpleti	on date	will	l be:							
Anticipated graduation date: Spi	ring	Fall	Year									
Signature:												
Date:												
Part C – To be completed by th				side	nt, R	esea	rch d	ınd G	iradu	ate S	tudie	s as
Part C – To be completed by th Chair of the Committee on Gra				side	nt, R	'esea	rch d	ınd G	iradu	ate S	tudie:	s as
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Notification of decision: Student, Dean, Graduate Coordinator or Chair, Registrar