REQUEST FOR EXTENSION OF PROJECT COMPLETION

OFFICE OF GRADUATE STUDIES
DEMPSEY 337, GRADSCHOOL@UWOSH.EDU

LAST	FIRST	M.I.	STUDENT ID#
STREET ADDRESS	CITY	STATE	ZIP
DEGREE PROGRAM			

Please indicate the type of culminating experience you are completing:

- ☐ Clinical Paper
- ☐ CNL Immersion Project
- ☐ DNP Capstone Project
- ☐ Field Project
- ☐ Research Team
- ☐ Thesis
- ☐ Systematic Review

Extension(s) Requested: Anticipated Submission Date:

- ☐ Project Completion _____
- ☐ Format Approval _____
- ☐ Final Signed Copies and Check for Binding/Postage _____

Please Note: *Deadlines are established by the Office of Graduate Studies to ensure that graduate students meet degree audit and graduation deadlines. Extensions to deadlines may result in a change of your graduate degree conferral date. Extensions are subject to the approval of the graduate student's advisor, graduate program, and the Director of Graduate Services. Please contact the Graduate Studies Office to confirm if a Time-to-Degree Extension will also be needed.*

STUDENT SIGNATURE	DATE
ADVISOR/COMMITTEE CHAIR SIGNATURE	DATE
GRADUATE PROGRAM COORDINATOR SIGNATURE	DATE
DIRECTOR OF GRADUATE SERVICES SIGNATURE	DATE