

Request for Extension of Time to Complete Degree Requirements



NYU

TANDON SCHOOL OF ENGINEERING

Graduate Academics

INSTRUCTIONS

1. This form may be filed by graduate students with satisfactory academic standing in a degree program.
2. M.S. students have 5 years from the start of graduate studies to complete their degree. For Ph.D. students admitted in Spring 2019 and onward: the time limit is 6 years for full-time (FT) students transferring in 24 or more credits, 7 years for FT students transferring in less than 24 credits, and 9 years for part-time (PT) students, counting from the start of admission into the Ph.D. program. For Ph.D. students admitted prior to Spring 2019: the time limit is 6 years for FT students and 12 years for PT students, counting from the start of graduate studies.
3. Applicants file this form with the Office of Graduate Academics after recommendation and approval of the department chair and department adviser.

STUDENT INFORMATION

_____	_____	N _____
First Name	Last Name	Univ. ID#
_____	_____	_____
E-mail Address	Telephone Number	Net ID
_____	_____	_____
Academic Home Department	Degree/Program	

List the courses you plan to take in each semester going forward. At least one course is required per semester:

Semester	Year	Course #	Course Title

Thesis/Dissertation topic _____

Thesis/Dissertation Adviser's Name: _____ Date admitted to graduate school: _____

Cumulative Grade Point Average (GPA): _____

NYU Tandon's regulations regarding the maximum time permitted for degree completion block my graduation in the near future. On the basis of my past record, which I believe is good, I request some modification of the rules which would make possible my graduation in approximate accordance with the above plans.

Please attach a letter from your Thesis/Dissertation Adviser (or Academic Adviser if not doing a thesis/dissertation) describing the reason(s) for your request.

_____ Date _____ Student's Signature

STUDENTS: DO NOT WRITE BELOW THIS LINE

ADMINISTRATIVE ACTION

Department Supports Extension Through: _____
Semester & Year

_____ Department Chair's Name _____ Signature _____ Date

_____ Adviser's Name _____ Signature _____ Date

Approved through: _____
Semester & Year

Denied

Comments:

_____ *Racquel Cooper/Joseph Anderson* _____
Graduate Academics Signature Date