

# 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

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ N \_\_\_\_\_ 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 \_\_\_\_\_

Comments:

Denied

**Racquel Cooper/Joseph Anderson**

Graduate Academics

\_\_\_\_\_ Signature

\_\_\_\_\_ Date