



## Extension Request Form

(All requests must be discussed and supported by the academic unit)

1. **Date (mm/dd/yyyy):**

Term of Admission:

2. **Student Information:**

Name:

Student #:

Department:

Degree:

Carleton Email:

3. **Extension for (term):**

Time limits are strictly enforced (Section 13.5 of the Graduate Regulations). Prior to considering an extension, Graduate Studies requires a statement as to why the extension is required; and a specific timeline/schedule indicating how you intend to complete your program requirements within the **extended term**. This needs to be reviewed and approved by your Research/Thesis Supervisor to guarantee that it meets with their schedule. **Please enter your statement in the space below.** Attach extra sheets if more space is required.

4. **Status Change to:**

Full Time

Part Time

**Student Signature:**

**Research/Thesis Supervisor Signature:**

Authorized Departmental Signature:

Date (mm/dd/yyyy):

GRADUATE STUDIES USE ONLY (Index: **REG - In Program Revision**)

Request Approved:

Request Denied:

Reason:

Data Entered:

Date:

Charged to account:

The personal information requested on this form is collected in accordance with Sections 38(2) and 41(1) of the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990, c.F.31 as amended. The information provided will not be used for any purposes other than those stated upon this form unless the applicant provides express written consent. Should you have any questions concerning your personal information, please contact the Carleton University Privacy Office, 607 Pigiavik (A7-45A), by email at: [university\\_privacy\\_office@carleton.ca](mailto:university_privacy_office@carleton.ca) or 613-520-2600 ext. 2047. Carleton University is fully compliant with FIPPA and endeavours at all times to treat your personal information in accordance with this law.