



## 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:

Personal information collected through this form will be used and disclosed by Carleton University under the authority of the Carleton University Act, 1952, and in accordance with sections 39, 41, and 42 of Ontario's Freedom of Information and Protection of Privacy Act. The purpose of this data collection is to aid the administrative duties for an extension request. If you have any questions about the collection and use of personal information by Carleton University, please contact the Manager, Privacy & Access to Information by phone at 613-520-2600 ext. 2047 or by email via [University\\_Privacy\\_Office@carleton.ca](mailto:University_Privacy_Office@carleton.ca).