



Request for Time Extension of Graduate Program

Student's Name: _____ MSU ID# _____

Current Mailing Address: _____

City State Zip

E-mail Address: _____

Date of Request: _____ Degree Sought: _____

Department: _____

Date of Initial Enrollment in MSU Graduate Program: _____

Semester Month Year

Final Semester of Eight Year Period: _____

Terminal Date of Requested Extension: _____

Month Year

Explanation/Justification (*please include a detailed attachment, and an unofficial transcript obtained through myGate*):

Recommendations

Recommended			Signature	Date
Yes	No			
		Advisor		
		Graduate Program Coordinator		
		Department Chair		
		Collegiate Graduate Coordinator OR Academic Dean		
		University Graduate Coordinator		

Please return completed form to the Graduation Office, 113 Sparks Hall.
msu.graduation@murraystate.edu