TRINITY WESTERN UNIVERSITY

OFFICE OF GRADUATE STUDIES

Request to Extend Time for Degree Completion (RTC) 2023-24

Students who require time for degree completion in addition to that provided in the Program Completion Policy (excluding time spent on-leave) may request an extension by submitting a completed and executed copy of this form, together with attached justification from their program director, to the Office of Graduate Studies (GradStudies@twu.ca), via their student @mytwu.ca email.

POLICY: Program Completion Policy (ED Dec 2021)

STUDENT INFORMATION						
STUDENT NAME		STUDENT ID#	STUDENT EMAIL			
PROGRAM OF STUDY DEGREE			STUDENT SIGNATURE			
Program Start Date:		☐ Fall	Spring	Summer	20	
Original anticipated completion:		Fall	Spring	Summer	20	
Extension requested:		Fall	Spring	Summer	20	
Has the student had previous extensions?		Yes	No	How many?		
Has the student been on approved leave? How long?						
Memo. The Program requested extension extension timeline was Program completion Medical note, if appli	Director must prov timeline is reasona as not met must be timeline.	ble. For subsequent	ng the request for ext		-	
FGS PROGRAM CONFIRMATION						
By signing below, I confirm this	request for an ext	ension to the time f	or degree completior	٦.		
Program Director (Name) Signa		gnature	ture		Date	
	OFFICE O	F GRADUATE STUD	ES USE ONLY			
Д Ар	ETERMINATION proved t Approved	Signature Signatory (Name)	Office of Graduate S	fudies Signatory		

Date signed



