

Extension of Time for Degree Request

Registrar's Office

Student Information

CGU ID# 254 - _____

Last Name _____ First Name _____

Academic Department _____ Degree Program _____

Semester and year I began my program _____

Semester and year my current time limit expires _____

Number of Previous Extensions Approved _____

First extensions may be granted for up to two years. Subsequent extensions may be for no longer than one year.

Extension Requested though the end of Semester _____ Year _____

I have attached a **proposed plan of study/research** and hereby request that my time for degree be extended. I plan to graduate by the semester and year indicated above. I agree to abide by degree completion deadlines published in the Academic Calendar for my new graduation semester and file my Intent to Receive a Degree when required.

For students with three or more previous extensions: I understand that my academic record must be reviewed by my department/program to ensure that my completed work to date is consistent with requirements relevant for my degree in my new expected graduation term. I agree to complete any additional coursework determined necessary for completion of my degree requirements. I further acknowledge and accept responsibility for any additional financial costs incurred by this extension of my time to degree.

Approval by your department for additional time at CGU does not automatically approve you for federal aid. Federal regulations require a separate review by the Financial Aid Office for the purpose of receiving federal aid. For more information, please see the [Satisfactory Academic Progress](#) policy.

This form does not serve as authorization for enrollment in courses. Please allow time for processing of approved form. Once processed, please complete registration via [MyCGU portal](#) or attach a [Registration Form](#).

Student Signature _____ Date _____

Department/Program Approvals

Plan of study/research and extension has been reviewed and approved.

If the number of previous extensions is three or more
Student record has been verified and completed coursework and other qualifications have been determined relevant for conferral of the degree in the student's new requested graduation semester.

Dean/Director Name _____ Signature _____ Date _____

Faculty Advisor _____ Signature _____ Date _____

Dept. Admin. Review _____ Signature _____ Date _____

International Student Advisor _____ Signature _____ Date _____
(For F1 or J1 Visa)

Submit Completed Form to Registrar's Office

FOR INTERNAL USE

#REG022 2/16

Approved Semester/Year _____ Initials _____

Denied Reason _____