



Student ID	Student Last Name, First Name		
Department	Degree Program	Specialization (if any)	
<p>Complete and forward the following information to the Faculty of Graduate & Postdoctoral Studies.</p> <p>For second or subsequent extensions, the department must also submit the following:</p> <ul style="list-style-type: none">• From the supervisor: An explanatory letter summarize the student's progress to date, a timeline for completion of program approved by the supervisor and/or supervisory committee• From the student: An explanatory letter with the expected completion date and a timeline for completion of program <p>For more information refer to the University Calendar and the Faculty of Graduate & Postdoctoral Studies Graduate Program Manual.</p> <p>Number of Extension(s):</p> <p><input type="radio"/> 1st extension</p> <p><input type="radio"/> 2nd extension</p> <p><input type="radio"/> 3rd extension</p> <p><input type="radio"/> 4th or more extension</p> <p>Extension requested to:</p> <p><input type="radio"/> Spring Convocation Deadline Year _____</p> <p><input type="radio"/> Fall Convocation Deadline Year _____</p> <p><input type="radio"/> March Convocation Deadline Year _____</p> <p>We are aware of the policy regarding extensions as set out in the University Calendar. We attest that this request is based upon exceptional and unavoidable circumstances.</p>			
Student Signature		Date (MMM DD, YYYY)	
Supervisor	Signature	Date (MMM DD, YYYY)	
I support the above student's request for an extension based on information provided by the supervisor and student.			
Graduate Coordinator/ Dept Chair	Signature	Date (MMM DD, YYYY)	

Personal information on this form is collected under the authority of Section 33(c) of Alberta's *Freedom of Information and Protection of Privacy Act* for authorized purposes including admission and registration; administration of records, scholarships and awards, student services; and university planning and research. Students' personal information may be disclosed to academic and administrative units according to university policy, federal and provincial reporting requirements, data sharing agreements with student governance associations, and to contracted or public health care providers as required. For details on the use and disclosure of this information call the Faculty of Graduate & Postdoctoral Studies at 780-492-3499 or see <http://www.ipu.ualberta.ca/>.

Faculty of Graduate & Postdoctoral Studies use only: <input type="radio"/> Approved <input type="radio"/> Not Approved Admit Term _____ Convocation: <input type="radio"/> Spring <input type="radio"/> Fall <input type="radio"/> March	Comments Signature & Date
--	------------------------------