



ST. JOHN'S UNIVERSITY

ST. JOHN'S COLLEGE OF LIBERAL ARTS AND SCIENCES

Request for Extension of Time for Doctoral Degree

Student Information

Name: _____ X Number: _____

Phone: _____ E-mail: _____

Department: _____

Student Status

For each of the following items, indicate month and year of completion or anticipated completion:

Coursework: Completed Not Completed _____

Preliminary Exams: Completed Not Completed _____

Proposal Approval: Completed Not Completed _____

Final Oral Defense: Completed Not Completed _____

Statement of Request

I am requesting an extension through the _____ semester. My rationale for requesting this extension is as follows:

Student Signature

Date

Approval Signatures

Mentor Name

Mentor Signature

Date

Chair Name

Chair Signature

Date

Assistant/Associate Dean Name

Assistant/Associate Dean Signature

Date