



ST. JOHN'S UNIVERSITY

ST. JOHN'S COLLEGE OF LIBERAL ARTS AND SCIENCES

Request for Extension of Time for Master's Degree

Student Information

Name: _____ X Number: _____

Phone: _____ E-mail: _____

Department: _____

Student Status

Have you completed your coursework?

Yes, in the _____ semester.

No, I expect to finish in the _____ semester.

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

Please return to the Graduate Division, St. John's College of Liberal Arts and Sciences, St. John Hall, Room 145 or sjcgr@stjohns.edu.