

UNIVERSITY OF SOUTH ALABAMA GRADUATE SCHOOL  
REQUEST FOR A DEGREE TIME EXTENSION

Student Name \_\_\_\_\_ Student Number J00 \_\_\_\_\_

Student E-mail Address: \_\_\_\_\_ Student Program: \_\_\_\_\_

Time Extension requested (List specific semesters and projected term of graduation. Example: Student is requesting 3 additional semesters: Spring 2020, Summer 2020, Fall 2020, Graduate Fall 2020):

Reason for degree time extension request (additional pages may be attached if needed):

RECOMMENDATION for degree time extension

\_\_\_\_\_  
(Department Chair or Graduate Coordinator) Date

\_\_\_\_\_  
(Director of Graduate Studies) Date

APPROVAL of degree time extension

\_\_\_\_\_  
(Dean of the Graduate School) Date