University of Rochester

PETITION FOR TIME-TO-DEGREE EXTENSION

This form is to be completed by a graduate student requesting a time extension for their studies (beyond seven years for PhD students, beyond five years for master's students). Further information about the Time Limit for Degrees policy can be found in the Regulations and University Policies Concerning Graduate Study.

_____   _____   _____
UR ID Number   Student Last Name   Student First Name

_____   ☐ Adv. Cert.   ☐ Master's   ☐ PhD
Department/Program   Degree Program

First semester student was enrolled in current program: ☐ Fall   ☐ Spring   ☐ Summer   _____
                                                                                    Semester   Year

Reason for Extension: Provide a detailed explanation of the reasons for requesting an extension. Be specific and include any relevant circumstance or challenges that have impacted your progress.

Current Progress: PhD students, describe your current stage in the dissertation process. Master's students, outline your progress toward completing your degree requirements.

Reflection on Previous Extensions (if applicable): If this is your second or subsequent extension request, reflect on the progress made during the previous extension period. What steps from your previous plan have you successfully completed? What steps remain unfinished, and why?

Timeline to Completion: Provide a detailed outline of your plan for completing your degree requirements. Include specific target dates or time ranges for each milestone.

Sources of Support: Identify any resources, support systems, or strategies you will use to ensure successful completion of your degree within the extended timeframe.

Student Acknowledgement
I understand that approval of this request is valid for a one-year academic extension. Upon approval of this request, it is my responsibility to register for the following semester(s). If I am an international student, I will need to contact ISO for any visa extensions I may need.

_____   _____
Student Signature   Date

Recommendation of the Faculty Advisor
(Optional) Provide any comments on the student's progress and/or anticipated timeline.

_____   _____
Faculty Advisor Signature   Date

Recommendation of the Department Chair/Program Director
(Optional) Provide any comments on the student's progress and/or anticipated timeline.

_____   _____
Department Chair/Program Director Signature   Date

Submission: This form should be submitted to the GEPA Office via email (ASEGEPA@rochester.edu) by June 30 for approval and processing. This form may be sent back to you if required information is missing. You and your program coordinator will receive email confirmation once your petition has been approved.

GEPA Office Approval _____   Date _____

☐ 1st extension   ☐ 2nd extension   ☐ 3rd extension   ☐ 4th extension   ☐ 5th extension

New Expected Completion Date (ECD): _____

Notes: