UNIVERSITY OF CALGARY
FACULTY OF GRADUATE STUDIES

Request for Extension

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. It is required to respond to your request for an extension. This information will form part of the student record. Please direct any questions to the FOIP Advisor, Faculty of Graduate Studies at (403) 220-4938.

Last Name	First Name	UCID Number	Graduate Program

Extension Type (select one): Extension to Candidacy Deadline ○ or Extension to Program Deadline ○

Current Deadline Date (Day/Month/Year): **Requested Extension Date (Day/Month/Year):**

Is this your first request for an extension to candidacy/program? Yes ○ No ○

Current Year in Program (e.g. Third Year):

My supervisor and I have co-constructed and attached a detailed timeline to support this request: ☐

I am aware that my request will not be reviewed without an up-to-date Annual Progress Report (Thesis-Based Only): ☐

Please give a reason for your request for an extension to your Program or Candidacy Exam deadline. Include your remaining requirements, progress made since your last extension (if applicable), and a detailed schedule for completion of your requirements (Attach a memo if further room is required) :

Student Signature:	Date:

Supervisor Comment:

Supervisor Name:	Signature:	Date:

Graduate Program Director Comment:

GPD Name:	Signature:	Date:

Faculty of Graduate Studies Ruling		
Review Outcome:	Approved ○	Denied ○
Extension Date After Ruling:		
Reviewer Notes:		
Approver Name:	Signature:	Date: