

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
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Extension request for: Candidacy	Current Deadline:
Program deadline	Current Deadline:
Extension requested to (day/month/year):	
Is this your first request for an extension to candidacy/program? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, please list all previous extensions including length and abbreviated reason for each extension.	
My supervisor and I have co-constructed and attached a detailed timeline to support this request. <input type="checkbox"/>	
I am aware that my request will not be reviewed without an up-to-date Annual Progress Report <input type="checkbox"/>	
Please give a reason for your request for an extension to your Program or Candidacy Exam deadline. Include your remaining requirements and a detailed schedule for completion of your requirements (Attach a memo if further room is required) :	
Student Signature:	Date:

Supervisor Comment:		
Name:	Signature:	Date:
Graduate Program Director Comment:		
Name:	Signature:	Date:

Faculty of Graduate Studies Ruling:	
Extension to <small>Pick One</small>	Approved to (date) <input type="text"/>
Condition of approval:	Not Approved
Faculty of Graduate Studies Associate Dean Signature/Designate:	Date: