

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	No
If no, please list all previous extensions including length and abbreviated reason for each extension.			
Have you submitted an Annual Progress Report (APR) for the most recent reporting period?		Yes	No
NOTE: Your request will not be approved without an up-to-date APR.			
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 t:	Approved to (date) Not Approved
Condition of approval:	
Faculty of Graduate Studies Associate Dean Signature/Designate:	Date:

Faculty of Graduate Studies use only: Graduate Scholarship Office Update People Soft