



**PETITION FOR EXTENSION
OF GRADUATE STUDY CANDIDACY PERIOD**

*Office of the Registrar
263 Alden Street
Springfield, MA 01109-3797
Phone (413) 748-3530*

Student Name: _____ Student I.D. : _____

Major/Program of Study: _____ Advisor: _____

Semester/Year Matriculated: _____ Expected Date of Graduation: _____

Is this your first request for an extension of candidacy? Yes/No _____

=====

Requested length of extension: _____

*Please attach a detailed plan of the manner in which you intend to complete your program of study

Approved by:

Academic Advisor/Department Chair/Campus Director (SPCS) Date

Associate Vice President for Academic Affairs Date

This completed form must be returned to the Registrar's Office for processing. Copies of completed forms will be sent to affected departments.

For Registrar's office use only

Information updated by: _____ Date: _____

Additional notes: _____
