SFU

SIMON FRASER UNIVERSITY
DEAN OF GRADUATE STUDIES

APPLICATION FORM

For a one-semester extension to complete degree requirements

Freedom of information and protection of privacy
The information contained on this form is collected under the authority of the University Act (RSBC 1979, c 419) and is needed to process your application for readmission /reinstatement. The information will be used to verify qualification and decide your eligibility. Upon readmission/reinstatement and registering at SFU this information will form part of your student record and will be used to document your progress in an academic program.

Use of personal information
Personal information on this form will be used to verify your Personal Education Number (PEN) or to assign one. The PEN mainly will be used to measure participation in post-secondary education and for registration, as well as for program research and evaluation, but personal information disclosed for these purposes will be non-identifiable. These uses have been reviewed and approved by the Information and Privacy Commissioner, and you must supply this information to register in courses or programs.

If you have questions about the collection and use of this information contact the Director of Graduate Admissions, Records and Registration, Office of the Dean of Graduate Studies.

I have reached the maximum time in my program and I am applying for a one-semester extension to complete my degree requirements/defend. I acknowledge that only one extension is permitted under Graduate General Regulation 1.12.4. *Please note: If this extension is approved, you will not be eligible for another extension or readmission.*

STUDENT INFORMATION

☐ Please attach a Current Advising Transcript

M	First name	Surname
Student number		Email
Phone		Cell phone
Degree (eg. MA, PhD)		Department
Semester requested (eg. Fall 2012)		

Signature of student _____ Date _____

DEPARTMENTAL APPROVALS

Signatures below affirm that this student will be able to complete degree requirements/ defend in one semester.

Name of Senior Supervisor _____ Signature _____ Date _____

Name of Graduate Program Chair _____ Signature _____ Date _____

After departmental approval, send to the Director, Graduate Records, in the Office of the Dean of Graduate Studies, to arrive at least four weeks prior to the beginning of the target semester.

DEAN OF GRADUATE STUDIES OFFICE ONLY

Date received _____

DEAN OF GRADUATE STUDIES APPROVAL

This student is approved for a one-semester extension

Signature, Office of the Dean of Graduate Studies _____ Date _____

This form will be returned to the student's home department for the student's records.

Revised September 2011