

**UNIVERSITY OF SOUTH ALABAMA GRADUATE SCHOOL  
REQUEST FOR A DEGREE TIME EXTENSION**

Student Name: \_\_\_\_\_ Student Number: **J00** \_\_\_\_\_

Student E-mail Address: \_\_\_\_\_ Student Program: \_\_\_\_\_

Time Extension requested (List specific semesters and projected term of graduation—Example: Student is requesting 3 additional semesters: Spring 2020, Summer 2020, Fall 2020, Graduate Fall 2020):

Reason for degree time extension request (additional pages may be attached if needed):

RECOMMENDATION for degree time extension:

\_\_\_\_\_  
(Department Chair or Graduate Coordinator) Date \_\_\_\_\_

\_\_\_\_\_  
(Director of Graduate Studies) Date \_\_\_\_\_

**APPROVAL** of degree time extension:

\_\_\_\_\_  
(Dean of the Graduate School) Date \_\_\_\_\_