

**NATHAN WEISS GRADUATE COLLEGE
KEAN UNIVERSITY
Office of Graduate Student Services
EC-218A**

PERMISSION FOR EXTENSION TO COMPLETE A GRADUATE PROGRAM

PART I: To be completed by the student

Date _____ Program & Option _____
Name _____ Student ID # _____
Address _____ Home Phone _____
_____ Business Phone _____
E-mail _____

Anticipated Date of Graduation or Completion _____

THE SIX YEAR TIME LIMIT BEGINS FROM THE DATE OF THE FIRST COURSE APPLIED TOWARD THE MA DEGREE OR CERTIFICATION.

Reason for Request: This request for extension will be processed only if accompanied by a written explanation outlining the reason for the delay in completing your program OR for acceptance of a course taken more than six years prior to the anticipated date of program completion.

PLEASE WRITE THE EXPLANATION ON THE BACK OF THIS FORM AND RETURN IT TO THE OFFICE OF GRADUATE STUDENT SERVICES (EC-218A)

DO NOT WRITE BELOW THIS LINE

PART II: From: The Office of Graduate Student Services DATE: _____

TO: Vice President of Research and Graduate Education: _____

Date of 1st course in program _____ Credits completed _____ GPA: _____ Comp: _____

Advanced Seminar _____ Other _____

{ } Extension denied { } Extension recommended to: _____
Semester Year

Conditions (if any) _____

Approved _____ Date _____

Cc: Program Coordinator _____