DOCTORAL DEGREE: REQUEST FOR EXTENSION TO THE MAXIMUM TIME LIMIT

Doctoral Degree: Performance Standards and Progress Policy

Students admitted and matriculated prior to spring 2013 have the option to continue under the policies in place at the time they were admitted and matriculated or to complete under the new Doctoral Degree: Performance Standards and Progress policy (https://policy.umn.edu/education/doctoralperformance).

5-year Time Limit for Earning the Doctoral Degree (students admitted and matriculated prior to spring 2013)

All requirements for the doctoral degree must be completed and the degree must be awarded within five years after passing the preliminary oral examination. Students who are unable to complete the degree within the 5-year limit may petition for an extension of up to one additional year.

8-year Time Limit for Earning the Doctoral Degree (students admitted and matriculated spring 2013 and beyond)

All requirements for the doctoral degree must be completed and the degree awarded within eight years after admission and matriculation to the graduate program, or a more restrictive time frame specified by the program. Students who are unable to complete the degree within the time limits described above may petition the program and collegiate unit for one extension of up to 24 months.

DIRECTIONS—In order to process your time extension request, you must complete the following steps:

- 1. Complete parts 1-3 of this form
- 2. Obtain your adviser(s) signatures
- 3. Obtain your program Director of Graduate Studies (DGS) signature. Contact information for program DGSs is available at https://apps.grad.umn.edu/lists/DGS/

After you have obtained the appropriate signatures, submit the signed form to your college at least six months prior to your current time limit deadline. Collegiate contact information is available at https://apps.grad.umn.edu/lists/CC/default.aspx

Disability or Health-Related Extensions

Students who are working with the Disability Resource Center (DR/C) and have a disability or health-related need for an extension to the maximum time limit may work with their DR/C Disability Resource Professional to complete this process and section 3B instead of submitting additional documentation.

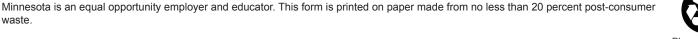
If approved, you will be notified in writing by your graduate program of the expectations for degree progress including term/year of degree conferral.

If denied, you will be notified in writing by your graduate program that you may be terminated from your doctoral program should your degree not be conferred within your time limit.

To ensure timely consideration, petitions should be filed early in the term in which the time limit expires. Students must obtain the approval of their adviser(s) and program DGS and submit the petition by the deadline set by the collegiate unit.

To request copies of this form in an alternative format, please call the Disabilities Resource Center liaison at 612-625-9578. The University of

If you have any questions, contact your major program DGS.



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To ensure privacy online, open in Adobe Reader (free at Adobe.com). Please add the required signature(s) in blue or black ink.

PART 1. Student Information					
University ID		University email			
					@umn.edu
Student name Last	First		Middle		
PART 2. Degree information					
Degree sought	Major				
Term and year admitted to doctoral program ☐ fall ☐ spring ☐ May/summer 20		College			
PART 3. Extension request					
Extension type:					
☐ 1st Extension ☐ 2nd Extension*					
Extension requested through:					
☐ fall ☐ spring ☐ May/summer 20					
*Requires VP/Dean of Graduate Education approval					
I agree to comply with the University policy associated with the time extension that I requested above.					
Student signature				Date	
PART 3A.					
Complete section 3B If you are working with the Disability Resource Center (DR/C) or disability resource office on your campus and your request is for disability or health-related reasons. For any other extension requests, use the space below to explain the circumstances for which you are seeking an extension. Please attach any additional documentation in support of your request (e.g., supporting letters from your adviser, physician, etc.)					
PART 3B.					
Student: This request is for disability or health-related reason, and I am working with the DR/C.					
DR/C: This student is working with the DR/C, and I am verifying that this student has a disability or health-related need for an extension.					
	ability Resource Profes			ce Professional email	
	,	3		@umn.edu	
If the program has questions about this request for disability or health-related reasons, please contact the DR/C Disability Resource Professional who signed this form.					
PART 4. Approval					
Adviser name	Adviser signature			Date	Approved Denied
Co-adviser name	Co-adviser signatu	Co-adviser signature		Date	☐ Approved ☐ Denied
Doctoral Program DGS name	Doctoral Program	octoral Program DGS signature		Date	Approved Denied
Collegiate Unit Representative name Collegiate		presentative signatu	re	Date	☐ Approved ☐ Denied
VP/Dean of Graduate Education name (if applicab	le) VP/Dean of Gradu	VP/Dean of Graduate Education signature		Date	Approved Denied
For office use only Collegiate Units: Route signed and completed form to Graduate Student Services and Progress Office (gssp@umn.edu) Comments from approvers (optional) Administrative officer Date					