

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.

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 <input type="checkbox"/> fall <input type="checkbox"/> spring <input type="checkbox"/> May/summer 20____	College

PART 3. Extension request

Extension type:
 1st Extension 2nd Extension*

Length of extension requested:
 1 semester 1 calendar year 2 calendar years

*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
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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.

Disability Resource Professional name	Disability Resource Professional signature	Disability Resource Professional email @umn.edu	Date
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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	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Co-adviser name	Co-adviser signature	Date	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Doctoral Program DGS name	Doctoral Program DGS signature	Date	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Collegiate Unit Representative name	Collegiate Unit Representative signature	Date	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
VP/Dean of Graduate Education name (if applicable)	VP/Dean of Graduate Education signature	Date	<input type="checkbox"/> Approved <input type="checkbox"/> 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 _____