

MASTER'S DEGREE: REQUEST FOR EXTENSION TO THE MAXIMUM TIME LIMIT

Master's 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 Master's Degree: Performance Standards and Progress policy (<https://policy.umn.edu/education/mastersperformance>).

7-year Time Limit for Earning the Master's Degree (students admitted and matriculated prior to spring 2013)

All requirements for the master's degree must be completed and the degree awarded within seven years. The seven-year period begins with the earliest coursework included on the official Graduate Degree Plan form, including any transfer work. The graduate faculty in a specific program may set more stringent time requirements.

5-year Time Limit for Earning the Master's Degree (students admitted and matriculated spring 2013 and beyond)

All requirements for the master's degree must be completed and the degree awarded within five years after admission and matriculation in the graduate program or a more restrictive time frame specified by the program.

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 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: <input type="checkbox"/> 1st Extension <input type="checkbox"/> 2nd Extension*			
Length of extension requested: <input type="checkbox"/> 1 semester <input type="checkbox"/> 1 calendar year			
*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.			
<input type="checkbox"/> Student: This request is for disability or health-related reasons, and I am working with the DR/C.			
<input type="checkbox"/> 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
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
Master's Program DGS name	Master's 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

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 _____