

KILLAM CENTRE FOR ADVANCED STUDIES
 2-29 TRIFFO HALL

Phone: 780.492.3499 Fax: 780.492.0692
<https://www.ualberta.ca/graduate-studies/>

Student ID	Student Last Name, First Name		
Department			Degree Program
<p>The University of Alberta requires most full-time doctoral students to complete all program requirements, other than the thesis, within three years from the commencement of the degree program. A first request for an extension to the three-year deadline must be made by the student to the department, following the department's requirements. A request for a second or subsequent extension must be made to FGSR.</p> <p>For second or subsequent extensions, the department must submit with this form an explanatory letter from the student's supervisor summarizing the student's progress to date and a timeline for the completion of all the program requirements.</p> <p>For more information refer to the University of Alberta Calendar and/or Graduate Program Manual. Specific links can be found in the FGSR Forms Cabinet next to the relevant form.</p> <p style="margin-left: 40px;">Number of Extension(s):</p> <p style="margin-left: 80px;"> <input type="radio"/> 1st extension <input type="radio"/> 2nd extension <input type="radio"/> 3rd extension <input type="radio"/> 4th or more extension </p> <p style="margin-left: 40px;">Extension requested to:</p> <p style="margin-left: 80px;"> <input type="radio"/> Fall (September 1st) <input type="radio"/> Winter (January 1st) <input type="radio"/> Spring (May 1st) <input type="radio"/> Summer (July 1st) </p> <p style="margin-left: 200px;">Year _____</p>			
<p>We are aware of the policy regarding extensions as set out in the University Calendar. We attest that this request is based upon exceptional and unavoidable circumstances.</p>			
Student Signature			Date (MMM DD, YYYY)
Supervisor/ Committee Chair		Signature	Date (MMM DD, YYYY)
<p>I support the above student's request for an extension based on information provided by the supervisor and student.</p>			
Graduate Coordinator/ Dept Chair or delegate		Signature	Date (MMM DD, YYYY)
<p><small>Personal information on this form is collected under the authority of Section 33(c) of Alberta's Freedom of Information and Protection of Privacy Act for authorized purposes including admission and registration; administration of records, scholarships and awards, student services; and university planning and research. Students' personal information may be disclosed to academic and administrative units according to university policy, federal and provincial reporting requirements, data sharing agreements with student governance associations, and to contracted or public health care providers as required. For details on the use and disclosure of this information call the Faculty of Graduate Studies and Research at 780-492-3499 or see http://www.ipu.ualberta.ca/</small></p>			
<p>Faculty of Graduate Studies and Research use only:</p> <p> <input type="radio"/> Approved <input type="radio"/> Fall <input type="radio"/> Winter <input type="radio"/> Not Approved <input type="radio"/> Spring <input type="radio"/> Summer </p> <p style="margin-left: 40px;">Admit Term: Comments:</p>			Signature & Date