The Graduate School Stony Brook University Stony Brook, NY 11794-4433

STUDENT INFORMATION		
Last Name (Current Name on SB Records)	First Name (Current Name on SB Records)	Stony Brook I.D. (Not S.S. #)
Graduate Program	Phone E-mail	
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Requested Extension (circle semesters)		Previous extensions requested:
From: Spring Summer Fall 20	To: Spring Summer Fall 20	(Circle one) 0 1 2 3 4+
POLICIES REGARDING TIME LIMITS		

• The time-limit for a master's degree is three years for full time and five years for part time.

• The time-limit for a doctoral degree is seven years after completion of graduate 24 credits.

Petitions for an extension of the time limit must have the approval of the student's advisor and/or graduate program director and must contain a significant justification for the extension. If approved, the extension will be for a maximum of one semester or one year. Requests for a longer period of time may be considered in special circumstances. <u>Please note</u>: All requests beyond one semester require a contract, approved by the student's advisor and/or graduate program director, which outlines all future milestones towards the completion of the student's degree work (including milestone towards the completion of a dissertation) and the proposed dates by which the student should have completed these tasks.

REASON FOR REQUEST

Briefly state the reason for the request. This field is required (and an attachment may be included).

Department Approval:	Date:
Graduate Program Director or Chair	
GRADUATE SCHOOL REVIEW	
Approved Denied - Reason:	
Graduate School Approval:	Date:

Time Limit Waiver Request Form Revised 3/09