



PETITION FOR INCREASED TIME TO COMPLETION

Policy Statement: As described in the Graduate Time to Completion / Length of Study Policy (https://drexel.edu/graduatecollege/forms-policies/policies-procedures-guidelines/time-to-completion/), a doctoral student must complete his/her degree program within seven years and a master's student must complete his/her degree program within five years of the initial date of matriculation.\* A student who exceeds his/her time to completion is subject to academic dismissal from his/her program, in which case he/she would need to reapply for admission to the University.

\*Includes any time spent on a Leave of Absence

Instructions: A student who wishes to petition for additional time to completion, due to extenuating circumstances, should consult his/her academic advisor to: 1) determine a reasonable timeline for program completion; 2) develop a revised academic plan of study and; 3) request a letter of support. An extension may be requested for a minimum of one quarter and a maximum of one year. A petition for additional time to completion must be approved and supported by the academic advisor and, if applicable, the supervising professor(s). This form, along with all required documents, must be submitted by the academic advisor to the Graduate College. A decision will be rendered as soon as possible once all documentation has been reviewed. The decision of the Graduate College is final and there are no further avenues of appeal. Should an extension be granted, the student should be aware that all coursework will be reviewed for timeliness. Students who are granted a one-time extension may petition for one additional quarter, otherwise they will be subject to dismissal

STUDENT INFORMATION

Student Name: \_\_\_\_\_
First Middle Last

Student ID Number: \_\_\_\_\_ Program: \_\_\_\_\_

College/School: \_\_\_\_\_

Degree: Master's Doctoral Specific Degree (e.g. MA, EdD, PhD): \_\_\_\_\_

Drexel Email Address: \_\_\_\_\_

PETITION INFORMATION

Current Term/Semester & Academic Year (e.g. Fall 2018 or 201815): \_\_\_\_\_

Original Completion Term/Semester & Academic Year (listed in Banner/AVT): \_\_\_\_\_

Requested Completion Term/Semester & Academic Year: \_\_\_\_\_

SUPPORTING DOCUMENTATION (attached to this form)

Revised Academic Plan of Study or Description of Outstanding Requirements
Letter of Support from Academic Advisor or Supervising Professor
Other Supporting Documentation (if applicable): \_\_\_\_\_

SIGNATURES

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Academic Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate College Signature: \_\_\_\_\_ Date: \_\_\_\_\_