



Office of Graduate Studies

P.O. Box 730 · Kutztown, PA 19530 · (610) 683-4200

## REQUEST FOR APPEAL TO GRADUATE EXCEPTIONS COMMITTEE FOR TIME EXTENSION FOR GRADUATE STUDY

*Under extenuating circumstances, this form is used to request an extension of the six year (or eight for COU) time period to complete a graduate degree at KU.*

**Instructions to Student:**

- ✦ Please fill in this form completely and attach a **written** explanation of the situation which has led you to request this extension. Attach a proposed plan showing the number of credits to be completed in each semester of the requested time extension.
- ✦ Take the form to your Academic Advisor in your Department for their approval and signature. Your request must also be supported by the Department Chairperson and College Dean.
- ✦ This form will then be forwarded to the Graduate Studies Dean for review and recommendations by the Graduate Exceptions Committee.
- ✦ Pending their review and decision, you will receive a response by e-mail of the disposition of your request.

**STUDENT DETAILS:**

Name _____ Address _____ _____ Email _____ Phone (____)____-____ Student ID# _____	Date of original Graduate Degree Program Acceptance Letter ____/____/____ Date of Request ____/____/____ Degree Program/Major _____ Advisor _____
--	---

**RECORD OF GRADUATE SCHOOL ATTENDANCE:** – Please record your attendance at Kutztown University by completing the following grid. Check the years of attendance in the boxes following a particular semester

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	YEAR 6	YEAR 7	YEAR 8
	_____	_____	_____	_____	_____	_____	_____	_____
SPRING								
SUMMER 1								
SUMMER 2								
FALL								
BREAK								

**TIME REQUESTED:** Which extension of time do you request?

<input type="checkbox"/> One semester	<input type="checkbox"/> Two semesters	<input type="checkbox"/> One year	<input type="checkbox"/> Other: _____
---------------------------------------	--	-----------------------------------	---------------------------------------

**TOTAL NUMBER OF GRADUATE CREDITS:**

COMPLETED AT KU:	*TRANSFERRED TO KU:	ENROLLED THIS SEMESTER:	REMAINING TO COMPLETE DEGREE AT KU:

**APPROVAL PROCESS:**

ACTION	STATUS	SIGNATURE	DATE
Advisor	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		____/____/____
Department Chairperson	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		____/____/____
College Dean	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		____/____/____
Graduate Exceptions Committee	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		____/____/____
Dean of the College of Graduate Studies:			

\* For transfer credit(s), student folder must include approved and signed transfer credit form, official transcript from former institution, and catalogue course descriptions.