



School of Education
& Human Development
UNIVERSITY OF COLORADO DENVER

Request for Extension of Time Limit for Degree Completion

Student Name:

Student ID Number:

Degree, Program:

Term Admitted:

This extension is requested for the time period of:
(cannot exceed 3 consecutive semesters)

to

State the reason for requesting an extension of time:

Include a timeline for completion of the degree, including milestones, within the requested timeframe of extension. Failure to include the timeline will result in the time extension not being approved.

Student Signature:

Date:

Approved (Required Signatures):

Faculty Advisor:

Date:

SEHD Associate
Dean:

Date:

Route signed form to GraduateEducation@ucdenver.edu

Office of
Graduate Ed:

Date: