



Office of Graduate Studies

Appeal for Extension of Maximum Program Duration

(To be Completed at Maximum Program Duration)

Note: Please type into the form then print to sign. Hand written appeals will not be accepted.

Last Name: _____	First Name: _____
Student ID: _____	Degree Program: _____
Department/School: _____	Class Level: _____
Full Time or Part Time: _____	

Date of last Advisory Committee meeting: _____

Anticipated date of next Advisory Committee: _____

Plan of Study past Maximum Program Duration:

Explain in detail how the program will be completed in this time frame. The plan must be developed in consultation with the student's Advisory Committee, endorsed by the Graduate Coordinator, and then submitted to the Office of Graduate Studies no later than the 20th class day of the semester following notification. Provide specific details of work completed or research progress between present and most recent plan of study (*attach an additional form if required*).

Additional Semesters Recommended to Complete: _____

Anticipated Program Completion Date: _____

Student's Signature: _____

Date: _____

Most recent student progress is included from semester _____.

Advisor

Name: _____ Signature: _____

Advisory Committee

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Graduate Coordinator's Signature: _____

Date: _____

Recommendation from the Program Committee/Chair

Rationale for decision required

- Approved to Continue
- Not Approved to Continue

Program Committee/Chair's Signature: _____ Date: _____

Recommendations from the College Associate Dean of Research & Graduate Studies:

Rationale for decision required

- Approved to Continue
- Not Approved to Continue

Associate Dean of Research and Graduate Studies Signature: _____

Date: _____

For Office Use Only

Term: _____

Restriction Code: _____

This appeal has been approved by the Admissions & Progress Committee for an additional _____ semester(s).

On behalf of the Admissions & Programs Committee _____

Date: _____

Protection of Privacy: We are committed to protecting your privacy. Personal information is collected under the authority of the University of Guelph Act and pursuant to the *Freedom of Information and Protection of Privacy Act (FIPPA)*. If you have questions about the use and disclosure of your personal information, call the [Office of Graduate Studies](#) at (519) 824-4120 ext. 56833. You can also find more information about access to information and protection of privacy at the University of Guelph from the [University Secretariat](#).