

Extension of Study Application for GSE Master's Students

Name of Student (Last) (First) (Middle)

Master's Program Stanford Student ID Number

Mailing Address Street

City State Zip

Phone E-mail

To Be Completed by Student

Expected Completion Dates of Remaining Degree Requirements:

Course Work _____ Master's Thesis/Project _____

Extension of degree period through (maximum of one year): _____

Briefly explain why degree program will not be completed within original degree period:

To Be Completed by Advisor or Program Director

Frequency of contact with Advisor or Program Director: _____

Overall Progress/Special Problems:

Approved Denied _____
Advisor's Signature Date

Approved Denied _____
Program Director's Signature Date

Approved Denied _____
Associate Dean's Signature Date