

# Request for Candidacy Extension

Name of student: \_\_\_\_\_

Supervisor(s): \_\_\_\_\_

Program start date: \_\_\_\_\_

Proposed date (YY-MM-DD) of Candidacy Examination: \_\_\_\_\_

Rationale for extension:

Details of preparation and exam scheduling:

Supervisory committee members:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor's signature(s)

Graduate Advisor's signature

\_\_\_\_\_

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