

### Petition for an Extension of the Time Limit to Complete a Graduate Degree Program

- Master's degrees must be completed within four (4) years from the student's first registration date in that master's degree program. Doctoral degrees must be completed within seven (7) years from the student's formal matriculation in that doctoral program. Each academic unit may establish its own stricter policies within the constraints of these overarching institutional time limits.
- Requests for extensions of time limits must be petitioned using this form.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

UB Person Number \_\_\_\_\_ -- \_\_\_\_\_ E-mail \_\_\_\_\_

Matriculating Dept. \_\_\_\_\_ Master's \_\_\_\_\_ Ph.D. \_\_\_\_\_ Au.D. or DNP \_\_\_\_\_

UPDATE Anticipated Conferral Date to:

- FEBRUARY \_\_\_\_\_ (Fall conferral)  
                    *year*
- JUNE \_\_\_\_\_ (Spring conferral)  
                    *year*
- SEPTEMBER \_\_\_\_\_ (Summer conferral)  
                    *year*

(Student): With my signature below, I confirm that I am aware of all required conferral materials and submission deadline for my new conferral date (found at: <http://grad.buffalo.edu/study/graduate/deadlines.html>). I understand that if I fail to submit the required materials on time, my degree will not be conferred on that date and I will need to file another petition to update my HUB record. I understand that registration is required each Fall and Spring term until my degree is conferred.

ATTACHMENTS: You must attach a written statement documenting the following:

- a) the cause of delay in completion
- b) a detailed description of work completed thus far
- c) a detailed month-to-month plan of work to be completed from now until new anticipated completion date
- d) a written endorsement from the Major Advisor regarding work completed thus far and feasibility of student's completion plan

#### Required Approvals:

Student \_\_\_\_\_ Date \_\_\_\_\_

Major Advisor \_\_\_\_\_ Date \_\_\_\_\_  
  *Print Name*  *Signature*

Director of Grad. Studies /Dept. Chair \_\_\_\_\_ Date \_\_\_\_\_

Academic Dean \_\_\_\_\_ Date \_\_\_\_\_

**SUBMIT completed form & attachments to the Graduate School: [grad@buffalo.edu](mailto:grad@buffalo.edu) or 408 Capen Hall.**

The Graduate School \_\_\_\_\_ Date \_\_\_\_\_

**FINAL ACTION TAKEN:**    Approved    Denied

Comments: \_\_\_\_\_

**GS use only**  
GDB \_\_\_\_\_  
PDB \_\_\_\_\_  
HUB \_\_\_\_\_  
Email \_\_\_\_\_