

**Division of Academic Services**

**Graduate Office**

**489 College of Education**

**5425 Gullen Mall**

**Detroit, Michigan 48202**

**(313) 577-1601**

**Fax: (313) 577-7904**

**REQUEST FOR TIME EXTENSION TO COMPLETE REQUIREMENTS**

**FOR THE DOCTOR OF EDUCATION DEGREE**

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| NAME: |  | PID: |  |
| MAJOR: |  |

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| **Proposed deadline date:** |  |

Please use additional pages as necessary. Submit form and supporting documents to the Graduate Education Office (489 Education)

1. **Describe the student’s progress toward completion of the dissertation.**

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1. **Provide a plan and timeline for completion of the dissertation.**

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1. **How has the student remained current in his or her field?**

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**Please attach a letter of support from the student’s advisor and copies of the student’s annual progress reports.**

**College of Education Graduate Officer's Approval:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_