EMERSON
COLLEGE
Graduate Studies

REQUEST FOR EXTENSION OF CANDIDACY

Name _____ _____ _____ Date _____
(Last) (First) (M.I.)

Emerson ID# _____ Social Security # _____

Current Address _____ Program/Department _____

_____ Phone #

_____ Home ( )

_____ Work ( )

Have you ever been granted an Extension of Candidacy? **(Yes / No)** If so, when? _____

Date of Matriculation: _____

Extension needed until: _____

Reason for Request: _____

_____

_____

_____ _____
Student's Signature **Date**

DEPARTMENT _____ ***Approved*** _____ ***Denied***

Comments: _____

_____ _____
Graduate Program Director **Date**

GRADUATE STUDIES _____ ***Approved*** _____ ***Denied***

Comments: _____

_____ _____
Director of Graduate Studies **Date**

_____ _____
Graduate Financial Aid **Date**

_____ _____
Registrar's Office **Date**

White - Registrar Yellow - Graduate Studies Pink - Grad. Program Director Gold - Student