HUNTER
The City University of New York

APPLICATION FOR GRADUATE TIME EXTENSION

All matriculated graduate students who have exceeded the time limit allowed for the completion of their degree, are required to file an application for time extension at the Registrar's Office Room 217 HN**. This time extension must be approved and signed by BOTH the Graduate Advisor AND Division Dean. Please do not submit this form to the Registrar's Office without the required signatures**. The total time limit for completing **all** degree requirements is 4 years **EXCEPT** for programs in **Education, Nursing, Health Sciences, and Social Work** where the time limit is **5 years**. Your time is calculated from your first semester in a matriculated program, excluding the Summer Session, to the end of your final semester: 8 semesters for a 4 year program, 10 semesters for a 5 year program. Courses exceeding the limit at graduation will not be included in degree credits unless approved by the Graduate Advisor AND Division Dean.

Name: _____
Last First Middle Maiden or Other

CUNYFirst Empl ID: _____

Program of Study: _____

Phone #: HOME: _____ WORK: _____

CELL: _____

Are you currently enrolled? YES ☐ NO ☐ If not, did you apply for re-admission? YES ☐ NO ☐

If yes, which semester? **FALL** ☐ **SPRING** ☐ **SUMMER** ☐

STUDENT SIGNATURE: _____ **DATE**: _____

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FOR COMPLETION BY THE GRADUATE ADVISOR AND DIVISIONAL DEAN

APPLICATION DENIED: _____

APPLICATION APPROVED: _____ *EXTENSION GRANTED UNTIL:* _____ (Month) _____(Year)

SEMESTER	COURSE PREFIX	COURSE NUMBER	COURSE TITLE

GRADUATE ADVISOR
SIGNATURE: _____

DIVISIONAL DEAN
SIGNATURE; _____

_____ _____
DEPARTMENT STAMP **DATE** **DEAN'S STAMP** **DATE**