COLLEGE OF WILLIAM AND MARY

SCHOOL OF MARINE SCIENCE / VIRGINIA INSTITUTE OF MARINE SCIENCE

APPLICATION FOR EXTENSION OF TIME LIMIT FOR DEGREE PROGRAM

The faculty of the School of Marine Science established the following time limits for completing degree programs:

36 months Master's candidate

48 months Ph.D. candidate (entered with SMS/VIMS master's degree) Ph.D. candidate (entered with an outside master's degree) 60 months

Ph.D. candidate (entered with bachelor's degree and approved to bypass master's degree) 72 months

						d and approved, the student ship funding is not guaranteed.	
LAST NAME:		FIRST NAME:		M.I.	DATE OF SMS ENTRY (TERM/YE	EAR): BANNER ID:	
CURRENT TIME EXTENSION REQUEST: CU		CURRENT EXTE	CURRENT EXTENSION REQUESTED THROUGH:		No. EXTENSIONS GRANTED PREVIOUSLY:		
DEGREE PROGRAM:	DEPARTMENT:		STUDE	NT SIGNATURE:	<u> </u>	DATE:	_
1. An explana 2. A supportin 3. A proposed The Committee's recomproposed schedule for a Yes, reco	tion of the necessity g letter from your N timeline for comple mendation should be	y for an extensiajor Advisor sting degree re AD based on it's as ree. The advisor	OVISORY COMMITTEE sessment that the stude	d and signed		See Page #2 atisfactory and consonant with the)
		(SICNATUE	ADVISORY COMMIT		· 		
MAJOR ADVISOR NAME			SIGNATURE	VIVIIVII I LE IVIEIVIE	LNO NEQUINED)	DATE	

ADVISORY COMMITTEE APPROVAL			
(SIGNATURES OF ALL ADVISORY COMMITTEE MEMBERS REQUIRED)			
MAJOR ADVISOR NAME	SIGNATURE	DATE	
CO-MAJOR ADVISOR NAME (IF APPLICABLE)	SIGNATURE	DATE	
COMMITTEE MEMBER NAME	SIGNATURE	DATE	
COMMITTEE MEMBER NAME	SIGNATURE	DATE	
COMMITTEE MEMBER NAME	SIGNATURE	DATE	
COMMITTEE MEMBER NAME	SIGNATURE	DATE	
ASSISTANTSHIP P.I. NAME (IF OTHER THAN MAJOR ADVISOR)	SIGNATURE	DATE	

NEXT STEP: PLEASE RETURN THIS FORM TO THE VIMS/SMS REGISTRAR, WATERMEN'S HALL 253 OR SUBMIT ELECTRONICALLY TO REGISTRAR@VIMS.EDU FOR ACTION AT THE NEXT SCHEDULED AS&DC MEETING.

ACADEMIC	STATUS AND DEGREES COMMITTEE RECOMMENDATION	<u>UN</u>
O Yes, recommends the extension as requested.	O No, but recommends the following:	
AS&DC APPROVAL:		
CHAIRPERSON, AS&DC	SIGNATURE	DATE
ASSOCIATE DEAN OF ACADEMIC STUDIES ACT	ON: O APPROVED AS RECOMMENDED	O DENIED
ASSOCIATE DEAN OF ACADEMIC STUDIES	SIGNATURE	DATE

OFFICE USE ONLY:			
FORM RECEIVED:	PROCESSED BY:	DATE:	$_\square$ MILESTONES \square BANNER \square NOTIFIED STUDENT

APPLICATION FOR DEGREE PROGRAM TIME EXTENSION

LAST NAME:	FIRST NAME:	M.I.	BANNER ID:	DATE OF PROGRESS REPORT:

Proposed Timeline for Completing Degree Requirements

DATE OR DATE RANGE	COMMENTS
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APPROVALS			
MAJOR ADVISOR NAME	SIGNATURE	DATE	
CO-MAJOR ADVISOR NAME (IF APPLICABLE)	SIGNATURE	DATE	