

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
48 months
60 months
72 months

Master's candidate
Ph.D. candidate (entered w/ SMS/VIMS' M.A. degree)
Ph.D. candidate (entered w/outside M.A. or M.S. degree)
Ph.D. candidate (entered w/B.A. or B.S. or approved for a bypass)

If recommended by the Academic Status and Degrees Committee and approved by the Associate Dean of Academic Studies, an extension of time limit does not guarantee the availability of assistantship funding.

OF EXTENSIONS

NAME _____ DATE _____ PREVIOUSLY GRANTED: _____

TIME EXTENSION

REQUESTED UNTIL or THROUGH (Specify Month/Date/Year): _____

Please attach to this Application:

- (1) An explanation of the necessity for an extension
- (2) A letter from your advisor
- (3) A proposed time table for completing degree requirements (approved and signed by your Major Advisor)

ADVISORY COMMITTEE RECOMMENDATION

(SIGNATURES OF ALL ADVISORY COMMITTEE MEMBERS REQUIRED)

NOTE: The Committee's recommendation should be based on its assessment that the student's program has been continuous and/or satisfactory and consonant with the proposed schedule for completion of the degree.

RECOMMENDATION, as attested by signatures below of ALL members of the Advisory Committee:

RECOMMEND the extension as requested: YES / NO

RECOMMEND the following: _____

ADVISORY COMMITTEE

DATE: _____

MAJOR ADVISOR OR CO-ADVISOR

Committee Member

Committee Member

Committee Member

Committee Member

Committee Member

ASSISTANTSHIP P.I. (if other than Major Advisor) _____

At this point, submit application to Academic Status & Degrees Committee, c/o SMS Registrar, Watermen's 253.

ACADEMIC STATUS and DEGREES COMMITTEE RECOMMENDATION

As attested by the signature of the Committee Chairperson, members of the ASDC:

RECOMMEND the extension as requested: YES / NO

RECOMMEND the following: _____

DATE: _____ CHAIRPERSON, AS&DC _____

ACTION OF THE ASSOCIATE DEAN OF ACADEMIC STUDIES

APPROVED as recommended / NOT APPROVED (Comments on Reverse Side)

DATE: _____

Associate Dean of Academic Studies

REV:2/2011