

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

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

NAME _____ DATE _____ # OF EXTENSIONS 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)

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.

As attested by their signatures below, **ALL** members of the Advisory Committee:

RECOMMEND the extension as requested: **YES** / **NO**

RECOMMEND the following: _____

DATE: _____ Advisory Committee

_____ 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 and Degrees Committee, c/o Graduate Registrar, Watermen's 233

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, ACADEMIC STATUS & DEGREES COMMITTEE

DEAN OF GRADUATE STUDIES' ACTION

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

DATE: _____ DEAN OF GRADUATE STUDIES