# Waiver of Graduate Time Limit

## STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Stony Brook ID</th>
<th>Phone</th>
<th>SBU E-mail Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Current Name on SB Records)</td>
<td>(Current Name on SB Records)</td>
<td>(Not S.S. #)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Graduate Program

### Requested Extension (circle/select semesters)

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring</td>
<td>Spring</td>
</tr>
<tr>
<td>Summer</td>
<td>Summer</td>
</tr>
<tr>
<td>Fall</td>
<td>Fall</td>
</tr>
<tr>
<td>20</td>
<td>20</td>
</tr>
</tbody>
</table>

### Previous extensions requested:

- Circle one:
  - 0
  - 1
  - 2
  - 3
  - 4+

## POLICIES REGARDING TIME LIMITS

- The time-limit for most advanced graduate certificates is three years.
- The time-limit for a master's degree is three years for full time and five years for part time.
- The time-limit for a doctoral degree is seven years after completion of graduate 24 credits.

Petitions for an extension of the time limit must have the approval of the student’s advisor and/or graduate program director and must contain a significant justification for the extension. If approved, the extension will be for a maximum of one semester or one year. Requests for a longer period of time may be considered in special circumstances. **Please note:** All requests beyond one semester require a contract, approved by the student’s advisor and/or graduate program director, which outlines all future milestones towards the completion of the student’s degree work (including milestone towards the completion of a dissertation) and the proposed dates by which the student should have completed these tasks.

## REASON FOR REQUEST

Briefly state the reason for the request. This field is required (and an attachment may be included).

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### Department Approval:

Graduate Program Director or Chair: ___________________________  Date: ______________

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### GRADUATE SCHOOL/SCHOOL OF PROFESSIONAL DEVELOPMENT REVIEW

- Approved  [ ]  Denied - Reason: __________________________________________________________

Graduate School Approval: ___________________________  Date: ___________________________