

Extension of Matriculation Request Master's Degree & Certificate Students

Office of Graduate Studies • 82 Washington Square East, 2nd Floor, NY, NY 10003-6680 • Fax (212) 995-4835 • (212) 998-5044

Student Information

<input type="radio"/> Ms <input type="radio"/> Mr			N
	First Name	Last Name	ID Number
Street Address		City State Zip	Daytime Telephone
Department		Program	Evening Telephone
Date of Matriculation		Anticipated Graduation Date	Email Address

Instructions: To request an extension of the six-year matriculation period for completion of the degree or certificate, fill out the information box above. On a separate sheet or on the back of this form, please indicate your proposed timetable for the completion of your remaining requirements for the degree or certificate as well as the reason for your inability to complete these requirements within the normal matriculation period. You must obtain your program advisor's signature before submitting this form to the Office of Graduate Studies at the address above.

To the Program Advisor: By my signature below, I endorse the proposed timetable outlined by the above-named student and approve his or her request for an extension. If any updating of coursework is required (in addition to the already-established remaining degree requirements), the number of points are indicated below:

Program Advisor Signature	Print Name	Department	# of Points Date

To the Office of the University Registrar

For NYUSteinhardt Office of Graduate Studies Use Only	The student named above has been granted an extension to _____ for the completion of his or her degree requirements. (Expected Graduation Date)		
	Approval Signature		Date