



Graduate Studies
Wilkes University
84 W. South Street
Wilkes-Barre, PA 18766

Request for an Extension to Complete Degree Requirements
(Please print clearly)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date of Request: \_\_\_\_\_ WIN #: \_\_\_\_\_

Directions: Complete and submit this form along with a letter explaining the need for the extension. The form and letter will be reviewed by the Program Advisor, who will forward the request to the Department Chair and the Dean of the College of Graduate and Professional Studies.

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ E-mail \_\_\_\_\_

Major \_\_\_\_\_ Program Advisor \_\_\_\_\_

Credits completed \_\_\_\_\_ Credits transferred \_\_\_\_\_ GPA \_\_\_\_\_

Reason for request (state simply and also attach letter with full explanation)

Extension requested until (give month and year of anticipated completion)

Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only

Reviewed by Advisor \_\_\_\_\_ Date \_\_\_\_\_

Date courses started \_\_\_\_\_ Date admitted \_\_\_\_\_

Last Attended \_\_\_\_\_

Recommendation \_\_\_\_\_

Reviewed by Department Chair \_\_\_\_\_ Date \_\_\_\_\_

Recommendation \_\_\_\_\_

Reviewed by Dean

\_\_ Approved \_\_ Extended until \_\_\_\_\_

\_\_ Denied

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Dean of the College of Graduate and Professional Studies and the School of Education