



OLD DOMINION UNIVERSITY

The Graduate School

Exception of Time Limits
Allowed to Complete Degree
G11

Student's Name: _____ UIN#: _____

College: _____ Program: _____

Master's EdS Doctoral

The above student requests an extension of _____ semesters beyond the allowed time limits in order to complete their degree program.

Please use the space below to explain the reason for the above request:

Approve Disapprove

Graduate Program Director (Print Name) Graduate Program Director (Signature) Date

Dean or Designee (Print Name) Dean or Designee (Signature) Date