

School of Integrative Health / NDMU

Request for Extension to the Maximum Time Limit

PART 1. Student information			
Student ID		NDMU email	
Student name Last	First	Middle	
PART 2. Degree information			
Degree sought:	Program		
Trimester and year admitted to graduate program <input type="checkbox"/> fall <input type="checkbox"/> spring <input type="checkbox"/> summer 20____			
PART 3. Extension request			
<input type="checkbox"/> Request for extension (up to one year) to the 7-year time limit (Doctoral) _____ term and year			
<input type="checkbox"/> Request for extension (up to one year) to the 5-year time limit (Master's) _____ term and year			
<input type="checkbox"/> Request for extension (up to one year) to the 3-year time limit (Certificate) _____ term and year			
<p>Explain the circumstances for your time extension request and include the anticipated timeline for the completion of any remaining degree requirements. Attach additional documentation in support of your request if applicable (e.g., supporting letters from your advisor, physician, etc.). Please reference SOIH Program Completion and Extension Policy at https://www.ndm.edu/academics/integrative-health/soih-policies-forms for further information.</p>			
I have reviewed the SOIH Program Completion and Extension Policy and have created a modified plan of study with my academic advisor.			
Student signature:			Date
PART 4. Approval			
Academic Advisor Name	Advisor Signature	Date	
Department Chair Name	Dept. Chair Signature	Date	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Department Chair Notes:			

cc: Registrar, Financial Aid, Advisor