



705 Commonwealth Avenue  
Boston, Massachusetts 02215

### Petition for Extension of Time to Complete Master's Requirements

**Petitions without the information requested below will not be considered.** Please complete the form and submit it to your department/program for all required signatures. The department/program should forward the completed form to the Graduate School Records Office.

Student's Name: \_\_\_\_\_ ID No.: \_\_\_\_\_  
(Please print)

Department or Program: \_\_\_\_\_ Email: \_\_\_\_\_

Major Advisor's Name: \_\_\_\_\_ Date Entered the Graduate School: \_\_\_\_\_  
(Please print)

Proposed Graduation Date: \_\_\_\_\_

Please explain your reason for petitioning. Comments may be continued on an attached sheet.

Department or Program Comments:

Student Signature:

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

**Graduate School Action**

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Comments:

Major Advisor's Recommendation:

Approved  
Not Approved

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

Director of Graduate Studies' Recommendation:

Approved  
Not Approved

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

Chair/Program Director's Recommendation:

Approved  
Not Approved

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

\_\_\_\_\_  
Signature