

APPLICATION FOR EXTENSION OF STUDY DURATION - GRADUATE PROGRAMS

NOTES:

- . Allow **two weeks** for the complete processing of the application.
- . For rules applicable to an extension of the study duration, please see the [Study duration rules](#).
- . Please use a **recent version of Acrobat Reader (version 9 or later)**. This form is **NOT compatible with AppleViewer**.

PART 1 - STUDENT

Complete and save the form, naming it based on your permanent code (e.g., ABCD12345678 - Extension) and **forward it directly** (by email) to your Research Director or [Program Director](#) (if you do not have a Research Director)

- . Add the person responsible for your file in the in the [Graduate Studies Office](#) as a CC recipient.
- . Attach a PDF version of your transcript (the PDF is available on the [Guichet interactif](#)).

PART 2 - PROFESSOR (to be completed on **page 2**)

- . Mark to indicate your recommendation and enter a comment.
- . Save and close the file, and then forward **the e-mail** received from the student to the person responsible for your file in the person responsible for your file in the in the [Graduate Studies Office](#)

PART 1 - STUDENT

IDENTIFICATION OF STUDENT

Last : name	First : name	Permanent code
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PROGRAM AND PROGRESSION

-> **Please enter the information as they appear in your file on [Cheminot](#)**

Type of program (choose)	Number of course credits completed	<input type="text"/>
	Number of research credits completed	<input type="text"/>
	Terms of extension already granted	<input type="text"/>
First term of registration in the program:	Year :	Terms of absence already granted
	Term :	Have you submitted your research subject registration form ?
Number of active terms in the program	<input type="text"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>

NAME OF YOUR RESEARCH DIRECTOR or of the PROGRAM DIRECTOR

Name :	Research director :	<input type="checkbox"/>
	Program director :	<input type="checkbox"/>

INDICATE THE TERM(S) FOR WHICH YOU ARE REQUESTING AN EXTENSION:

Year : Term : :	Year : Term: :	Year : Term: :
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LIST OF INCOMPLETE COURSES, IF APPLICABLE:

Course code	Course title	State term on which the course will be taken

STATE APPROXIMATE DATES, IF APPLICABLE

Deposit date (dissertation or thesis)	
Defence date (dissertation or thesis)	
Final deposit date (dissertation or thesis)	

PLEASE STATE THE REASONS WHY YOU HAVE NOT COMPLETED YOUR PROGRAM AND PRESENT YOUR WORK PLAN FOR THE EXTENSION DURATION REQUESTED

(MANDATORY: IF YOU DO NOT PROVIDE A REASON, THE REQUEST WILL NOT BE TRANSMITTED)

PART 2 - PROFESSOR

RECOMMENDATION BY RESEARCH DIRECTOR or by the PROGRAM DIRECTOR

- I **recommend** the study duration extension as requested
- I **do not recommend** the study duration extension as requested

Comments (Use comments to provide a reason for your recommendation: Is the student progressing in the project? Has he contacted you to establish a schedule for meeting established deadlines? etc.):

Reminder: Save and close the file, and then forward the email received from the student ("Forward" button In Outlook) directly to the [person responsible for the program at the Graduate Studies Office](#).

* To edit and save the form, you must use Adobe Reader version 9 or later.
You may have received the form in PDF static (not editable) format or in an "image" (TIFF or other) format. In that case, please print the form, complete your section by hand, and send the form by internal mail.

APPROVAL BY THE DEAN OF STUDIES OFFICE

The extension as recommended is granted rejected

Signature Date

Remarks:

N.B. : For more information on the rules for extending the study duration, please see [Graduate Study Regulations](#), Article 4.5.