

Website: www.usf.edu/graduate-studies/about-us/contact-us.aspx

The Time Limit Extension Request may be filed when a student nears the end of the time limitation for completion of the requirements for their degree but needs more time to complete the degree. Time limits are specified in the Graduate Catalog corresponding to the year the student was admitted (or readmitted) to the program. Time Limit Extensions are separate from readmission to the program or readmission to candidacy; however, these forms may need to be submitted prior to requesting the extension. Time Limit Extensions are valid for a maximum period of two (2) years from the date of request (see Graduate Catalog) but may only be requested one time.

The time limits detailed below are calculated from the _____ to the program.
An approved leave of absence stops the clock during the time of the leave.
Degrees must be completed within _____ from the student's date of admission.
Degrees must be completed within _____ from the student's date of admission to the doctoral program.
Courses that are _____ will require a course currency.
Students may request ONE time limit extension based on documented exceptional circumstances that precludes completion of the degree within the allowable time to degree.

Input last name first, then first name.
Input your USF ID#, digits only, after the "U" (_____ put in your Social Security Number).
Input your telephone number. Make sure that you enter a phone number that you check frequently so that u13wele6aT/F2 9m.96 TfB

_____ Students with an F1 visa must submit this form to OIS via iStart to obtain their signature. DO NOT PROCEED WITH THIS WRITTEN REQUEST unless you have obtained the OIS signature on your form. Information about contacting OIS is available at: <https://www.usf.edu/world/international-services/about-us/contact-us.aspx>.

_____ A written approval letter on letterhead from OIS may be attached to the petition if special circumstances are to be considered.

_____ Input semester and year that you were originally admitted to your _____ major (_____).
_____ (_____) Input semester and year that you were admitted to doctoral candidacy
(_____).
_____ (_____) Input semester and year that you were readmitted to your program (_____).
(_____)

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Last Name		First Name		USF ID	
Street Address		City		State	Zip Code
Email		Phone Number			
Degree (i.e., M.A.)		<input type="checkbox"/> Master's – Non-Thesis	<input type="checkbox"/> Ed.S.	<input type="checkbox"/> Pre-Candidacy (6D)	
Degree Level		<input type="checkbox"/> Master's – Thesis	<input type="checkbox"/> Doctoral	<input type="checkbox"/> In Candidacy (6C)	
				For Doctoral Only	

