



PETITION TO EXTEND TIME BOUNDARY FOR APPROVAL OF CANDIDACY OR DEFENSE (E-1/E-2)

Petition Type: Candidacy Defense Both Petition Date:

Student Name: Rice ID#:

Advisor Name:

Department: Degree Name:

Current Time Boundary*: Requested Time Boundary **:

*Time boundaries are found in Esther.

**You should petition for the entire time you think you will need. Extensions for more than one semester are subject to additional requirements as imposed by the Dean of Graduate Studies.

STUDENT:

What is (are) the reason(s) that resulted in your needing this extension (max. 200 words)?

If you are justifying your delay for a medical reason, please include documentation from your medical provider, stating the problem, onset and duration of the issue, and impact on your ability to perform academic work. Not Applicable Documentation attached

If this is your first petition for an extension and your petition is for **less than six weeks**, please provide a weekly plan of tasks that will result in meeting the requested time boundary (max. 100 words).

If this is your first petition for an extension and your petition is for **longer than six weeks, OR if you have previously received** an extension, please complete sections (1), (2), and (3).

1. Provide a description of your progress during your first extension (or to date if this is your first extension). The description should include your original completion plan and an assessment of where and why you fell short, if applicable (max. 200 words).

2. Provide a list of tasks/milestones to be completed, a completion date, and the person responsible for the task (REQUIRED for all extension requests).

TASK/MILESTONE	COMPLETION DATE (mm/dd/yy)	PERSON RESPONSIBLE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
(attach additional sheet if needed)		

3. Are there additional factors that you consider relevant (max. 200 words)?

ADVISOR COMMENTS (required):

- Do you support the petition? Y N Why?

- Do you support the student's plan? Y N Why?

- Are there any conditions you have imposed on the student?

- Are there additional factors you think are relevant?

Student Signature:

Date:

Advisor Signature:

Date:

Department Chair or Director of Graduate Studies:

Name:

Signature:

Date:

GPS USE ONLY

Date Received:

Decision Date:

Approver:

Decision:

Entirely Authorized

Partially Authorized

Denied

Comments: