



VILLANOVA
UNIVERSITY
College of Liberal Arts
and Sciences

GRADUATE STUDIES
REQUEST FOR GRADE EXTENSION IN GRADUATE COURSE

NAME _____ Student ID _____

SEMESTER/YR _____ CRN _____ SUBJECT _____ NUMBER _____ SECTION _____

REASON FOR REQUESTING EXTENSION:

Expected Date for Course Work Completion: _____

*Student's Signature: _____ Date: _____

*It is the student's responsibility to follow up on the processing of this request by contacting the office of the department chair.

Professor's Comments: _____

Professor's Signature: _____ Date: _____

Chairperson's/Program Director's Comments: _____

Chairperson's/Program Director's Signature: _____ Date: _____

Please forward this form to: Graduate Studies Office

Dean, Graduate Studies

Date

Distribution: Registrar (Original)
Department
Student File
Reading File