



College of  
Liberal Arts and Sciences  
**VILLANOVA**  
UNIVERSITY

**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