

**Graduate School**  
**University of North Carolina at Wilmington**  
**REQUEST FOR EXTENSION OF DEGREE TIME LIMIT**

First Name

Last Name

Student ID

Degree

Major

Initial Enrollment

Extension Requested Through

Justification: (if appropriate attach supporting documentation)

Approved

Disapproved

Graduate Coordinator

Approved

Disapproved

Department Chair or  
Dean

Approved

Disapproved

Graduate School