

REQUEST TO DELAY GRADUATION

Student Name: _____

Student ID: 850_____

Reason for delay (choose below):

Medical

Financial

Family

Other (explain) _____

I hereby request to delay my graduation and thesis defense until ____Fall ____Spring of 20____.

I gave / will give my thesis reading in ____Fall ____Spring of 20____.

I took / will take the MFA Exam in ____Fall ____Spring of 20____.

I understand that this request to delay graduation may necessitate changes to my thesis committee. If I am currently employed by the Department of Creative Writing as a Graduate Teaching Assistant or in any other CRW departmentally-funded position, I understand that the original term of my employment and/or funding will not be extended into the additional semester.

Student Signature: _____ Date: _____

Thesis Director's Signature: _____ Date: _____

Office Use Only

Signature: _____ Date: _____
Graduate Coordinator

Signature: _____ Date: _____
Department Chair

Notification of Graduate School Date: _____