

THE GRADUATE SCHOOL

Petition for Extension of Five-Year Limit

BINGHAMTON UNIVERSITY
THE GRADUATE SCHOOL

PO Box 6000 Binghamton, New York, 13902-6000
607-777-2077, Fax: 607-777-2501
gradschool.binghamton.edu

Student Information

Name: _____ B Number: _____

Graduate program: _____ Anticipated degree: _____

Semester of admission to program: _____ Anticipated completion date: _____

Binghamton University's Bulletin at bulletin.binghamton.edu details the degree completion limits for all graduate students. If you are not able to comply with the established policies, please provide justification below and obtain approval for an extension from your advisor and graduate program director.

Progress to date (please provide 1-2 paragraphs outlining progress):

Work to be completed (please provide 1-2 paragraphs):

Signatures:

Student signature: _____ Date: _____

Advisor signature: _____ Date: _____

Graduate director signature: _____ Date: _____