



Office of the Registrar
Request for Program Extension
College Transfer Program

Last Name: _____ First Name: _____ MI: _____

CWID: _____ Current Program: _____

Original Graduation Date: _____ Extension Requested Until: _____
Fall/Spring/Summer Year Fall/Spring/Summer Year

Justification for Extension: _____

Student Signature Date

- Accept all courses pertaining to the student's program of study exceeding the six-year course limit.
- The student will retake the courses that have exceeded the six-year course limit.

Advisor Signature Date

Recommended Not Recommended Extension recommended through: _____

Program Coordinator Signature Date

Approved Denied

Dean of School Signature Date

Office Use Only

Recorded to Banner: _____
Initials Date