

**REQUEST FOR EXTENSION OF STATUE OF LIMITATIONS: DOCTORATE**

Graduate Studies Office, Kenneth P. Dietrich School of Arts and Sciences,  
5141 Sennott Square

Name of student: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Department: \_\_\_\_\_ PSID#: \_\_\_\_\_ Pitt email: \_\_\_\_\_

Term of entry into graduate program: \_\_\_\_\_

**DID YOU ENTER WITH AN APPROVED MASTER'S WHICH HAS BEEN OFFICIALLY TRANSFERRED TO YOUR PITT TRANSCRIPT:** \_\_\_\_\_

Extension requested until (date): \_\_\_\_\_

**(Keep in mind that there are three graduation periods: April, August, and December)**

Please complete the following with date completed or anticipated completion date:

PhD comprehensive exam: \_\_\_\_\_

Admission to doctoral candidacy: \_\_\_\_\_

Dissertation defense: \_\_\_\_\_

Reason for request (you may use additional paper if necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student signature & date: \_\_\_\_\_

I have every reason to expect that the student can complete all graduation requirements within the time specified. If the student does not complete the degree within the time specified, I understand that they will be terminated from the program.

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Graduate Advisor

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Department Chair/Director of Graduate Studies

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Graduate Dean