

Canada's Capital University

Faculty of Graduate and Postdoctoral Affairs Extension Request Form

(All requests must be discussed and supported by the academic unit)

1.	Date (mm/dd/yyyy):		Term of Admission:
2.	Student Information:		
	Name:		Student #:
	Department:		Degree:
	Carleton Email:		
3.	requires a statement as to why the complete your program requireme	extension is required; and a nts within the extended tern rantee that it meets with the	Regulations). Prior to considering an extension, FGPA specific time line/schedule indicating how you intend to m. This needs to be reviewed and approved by your eir schedule. Please enter your statement in the space
4.	Status Change to:		
4.	Status Change to: Full Time Part Time		
	G	Researc	h/Thesis Supervisor Signature:
St	Full Time Part Time	Researc	ch/Thesis Supervisor Signature: Date (mm/dd/yyyy):
St:	Full Time Part Time udent Signature: uthorized Departmental Signature:	Researc USE ONLY (Index: REG - I	Date (mm/dd/yyyy):
St:	Full Time Part Time udent Signature: uthorized Departmental Signature: FGPA		Date (mm/dd/yyyy):

"The personal information requested on this form is collected in accordance with Sections 38(2) and 41(1) of the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990, c.F.31 as amended. The information provided will not be used for any purposes other than those stated upon this form unless the applicant provides express written consent. Should you have any questions concerning your personal information, please contact Joanne Bree, FIPPA representative for the Faculty of Graduate and Postdoctoral Affairs, 512 Tory Building, 613-520-2525. Carleton University is fully compliant with FIPPA and endeavours at all times to treat your personal information in accordance with this law."

Tel: 613-520-2525 Faculty of Graduate and Postdoctoral Affairs Fax: 613-520-4049

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