

**Department of Psychology**

*Please return completed form to Graduate Administrator, B557 LA or Graduate Assistant, B555 LA*

**EXTENSION OF TIME FOR PROSPECTUS**

Date of Request: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Term and Year** of Extension Request: \_\_\_\_\_

Is this your first request? **YES** **NO**

If no, please indicate how many have been made:

Reason for Extension Request: include a brief summary of work completed to date and tentative time frame for completion of thesis defence. Extra pages may be added.

Student's Signature \_\_\_\_\_

Thesis Supervisor – Comments

Thesis Supervisor's Signature \_\_\_\_\_

Graduate Supervisor – Comments

Graduate Supervisor's Signature \_\_\_\_\_