

REQUEST FOR MASTER'S DEGREE PROGRAM EXTENSION FORM

UoNA Student ID#	Student's Full Name (please print)			Original Graduation Date (mm/yyyy)	
from a UoNA Director. Reque completed within UoNA satis	sts should be subm factory academic pi	beyond the required minimum number of the capston of the capston of the capston of the capston of the catal ed for a program. Contact an academic/	ne course. All pr log. Maximum <i>a</i> r	ogram courses must be ttempted credits cannot exceed	
I am currently enrolled in Master of Business	_	Master's Degree Program (check on Master of Science Deg	•		
Computer Sci Cyber Securit I am <i>requesting a progra</i>	nd Finance (MSA ience (MSCS) ry (MSCYS) am extension th	AF) Information Manageme	n Technology ent and Data A d Application	Analytics (MSMDA) Engineering (MSSAE)	
Course # / Name		Course # / Name		Course # / Name	
course in produce		course in y rearrie	Course II	, ruine	
complete my degree will by the published satisfac	increase, and that tory academic p	ny request to extend my programme electives must be completed with rogress policy. e/acknowledgement is accepted)	= =		
Student's Signature (Lie	ectionic signature	e/acknowledgement is accepted)		Date	
-	_	m to an academic/the operation			
Date of Review / Approval / Update in Campus Cafe				iitials	
Anticipated Graduation	·	•			
Route signed and complete	ed form to Interna	ational Student Office Manager / DS	0		
Date of Update in SEVIS (if applicable)				DSO's Initials	
Route form to student rec	ords to be placed	in the student's file.			
Date placed in file				Staff member's initials	