

**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.	<b>Student Information:</b>			
	Name:		Student #:	
	Department:		Degree:	
	Carleton Email:			
3.	requires a statement as to v complete your program rea Research/Thesis Supervisor	why the extension is required; a quirements within the <b>extende</b>	duate Regulations). Prior to considering an extension, FGPA and a specific time line/schedule indicating how you intend to d term. This needs to be reviewed and approved by your th their schedule. Please enter your statement in the space	
4.	<b>Status Change to:</b>			
	Full Time Part Tim	ne		
			Research/Thesis Supervisor Signature:	
St	udent Signature:	Res	search/Thesis Supervisor Signature:	
	udent Signature: athorized Departmental Sign		search/Thesis Supervisor Signature:  Date (mm/dd/yyyy):	
Αι	-		Date (mm/dd/yyyy):	
Au	athorized Departmental Sign	nature:	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."

http://gradstudents.carleton.ca/

Tel: 613-520-2525

512 Tory Building

**Faculty of Graduate and Postdoctoral Affairs** 

graduate\_studies@carleton.ca

Fax: 613-520-4049