UNIVERSITY OF THE PACIFIC
Graduate School

Thesis/Dissertation Deadline Extension Request

Student Information:

Legal Name: _____ _____ _____
Last First Middle

Student ID#: _____ **Email:** _____

Degree: _____ **Program:** _____

Type: ☐ Thesis ☐ Dissertation ☐ Oral Exam **Date of Defense:** _____

Thesis/Dissertation Title: _____

*Exact title as it should appear in Commencement program

Extension Information

Expected Completion Date _____

Explanation _____

Acceptance of Conditions

Initials	Conditions
_____	I acknowledge that my Thesis/Dissertation title may not appear in the commencement program (*if applicable)*
_____	I acknowledge that it is up to the discretion of the Graduate School to accept this extension
_____	I will abide by the formatting requirements found in the Thesis and Dissertation Formatting Guide (*if applicable)*
_____	I agree to immediately file the *Graduate Program Completion Form* upon completion of Thesis/Dissertation/Oral Defense.

Final Acknowledgement

We agree to the above-mentioned conditions. Our signature below indicates approval of a deadline extension.

Student Name (print)	Student Signature	Date
Committee Chair Name (print)	Chairperson Signature	Date
Graduate School Representative (Print)	Graduate School Representative Signature	Date

For Graduate School Office Use Only:	
Verified: Graduate Services Specialist	Date