



APPLICATION TO EXTEND THE TIME LIMIT FOR EARNING A MASTER'S DEGREE

Name: _____ SS#: _____ -- _____ -- _____
Address: _____ Telephone #: _____
_____ Program: _____
Date of Matriculation: _____ Projected Date of Graduation: _____

TO BE COMPLETED BY STUDENT

I acknowledge that I have exceeded or will soon exceed the five-year time limit for completing a master's degree at Lehman College that is described in the Policies and Procedures of the College. I therefore request that my past credits be accepted toward my degree, despite their having exceeded that five-year limit, subject to any conditions imposed by my academic department.

Student Signature: _____ Date: _____

TO BE COMPLETED BY DEPARTMENT ADVISER (select any combination of A, B, and C)

- A. All courses that exceed the five-year time limit from (semester) _____ to (semester) _____ are current and accepted toward the master's degree except those, if any, specified in B and C below.
- B. The following courses that exceed the five-year time limit will be accepted toward the master's degree provided the student completes the specified assignments to bring his/her information in the subjects up to date:

COURSE	SEMESTER	ASSIGNMENT

- C. The following courses that exceed the five-year time limit are not current and therefore are **NOT** accepted toward the master's degree:

COURSE	SEMESTER

Program Adviser's Signature: _____ Date: _____
Graduate Studies Adviser's Signature: _____ Date: _____

cc: student, program adviser, Ms. Lorraine Henderson

Program Adviser's Signature: _____ Date: _____

Graduate Studies Adviser's Signature: _____ Date: _____

cc: student, program adviser, Ms. Lorraine Henderson