

**NEW MEXICO INSTITUTE OF MINING AND TECHNOLOGY
GRADUATE OFFICE**

Extension of Time Limit to Complete Degree

(check one)

With Support

Without Support

Name: _____ Date _____

M.S. Ph.D. Department: _____ Date of first registration at NMT _____

Total semesters completed (excl. summer) _____ Semesters completed on Assistantship _____

Number of previous extensions requested _____ Expected completion date (or semester) _____

Petition to the Graduate Office:

I request approval to extend my time limits. The reason for this request:

If this is not your first petition for an extension of time to complete your degree, you must append an approved (by your advisory committee) schedule for completion. This must include each of the tasks remaining and the anticipated time for completion of each.

Petitioner: _____ Date: _____

Advisers Approval: _____ Date: _____

Department Head Approval: _____ Date: _____

Graduate Dean Approval: _____ Date: _____