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: _________