

**REQUEST FORM
FOR EXTENSION OF D.MIN. PROGRAM
BEYOND SIX YEARS**

STUDENT'S NAME: _____

1. Please note (a) the specific reason(s) for requesting this extension; (b) indicate the status of your thesis

2. Time when you now plan to complete your program: _____

3. Signatures: (a) Student (b) The Associate Dean for Academic Affairs, following consultation with the Project Director and the Advanced Programs Committee, grants the extension.

Student Date _____

Associate Dean for Academic Affairs Date _____

Note: This form is to be filed with the Associate Dean for Academic Affairs