

**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