



**The Graduate School**  
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**Extension Request of the 5-Year Rule: Completion of Master’s Degree**

Master’s students have five (5) years from the date of admission into a Master’s program to complete their degree. This form is for students who exceeded that time frame and must request an extension. All extensions must be approved FIRST by the student’s advisor, SECOND by the Program Director, and THIRD by the Associate Dean of the Graduate School.

Last Name, First Name:	
Campus ID:	
Program:	

**STUDENT:** Briefly explain the reason(s) for exceeding the 5-year Rule for completion of Master’s Degree:

**ADVISOR:** Briefly confirm and/or supplement the student’s reason for the request and give a date (not to exceed one year) through which the extension is needed:

DATE:

**By signing below, you are confirming your approval of this Extension Request**

Advisor: (Print Name)	Signature:	Date:
Program Director: (Print Name)	Signature:	Date:

**For Graduate School Use Only**

**Decision of the Associate Dean:**

- Extension approved
- Extension denied

Associate Dean's comments:

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Associate Dean: Jeffrey Halverson, Ph.D.	Signature:	Date:
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