



# THE CITADEL

## Office of the Registrar Request for Program Extension

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

CWID: \_\_\_\_\_ Current Program: \_\_\_\_\_

Original Graduation Date: \_\_\_\_\_ Extension Requested Until: \_\_\_\_\_  
Fall/Spring/Summer Year Fall/Spring/Summer Year

Justification for Extension: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Student Signature**

**Date**

Accept all courses pertaining to the student's program of study exceeding the six-year course limit.  
The student will retake the courses that have exceeded the six-year course limit.

\_\_\_\_\_  
**Advisor Signature**

\_\_\_\_\_  
**Date**

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Recommended  Not Recommended  Extension recommended through: \_\_\_\_\_

\_\_\_\_\_  
**Program Coordinator Signature**

\_\_\_\_\_  
**Date**

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Approved  Denied

\_\_\_\_\_  
**Dean of School Signature**

\_\_\_\_\_  
**Date**

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**Office Use Only**

Recorded to Banner: \_\_\_\_\_  
Initials

\_\_\_\_\_  
Date