



REQUEST FOR AN EXTENSION TO COMPLETE COMPREHENSIVES

According to the ThD/PhD (USMC) Handbook (§8.4), students are expected to complete the comprehensive examinations within three years of admission to the program. Students who fail to meet this deadline may apply for an extension. An extension for one year can be granted by the College Graduate Director; any additional extensions need the approval of the GCTS. The period of extension is normally one year. Students who have not completed their comprehensive examinations by the end of their sixth year of registration are normally not eligible for any further extension.

To apply for an extension, the student must present the causes for the delay and evidence that the remaining requirements will be completed within the period of the requested extension. Section 1 of this form must be completed using the fillable PDF function.

Section 1 – Student Information (to be completed by the student)

Last Name:	First Name:	Student Number:
College of Registration:		Program:
UofT Email:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Month and Year of Admission:
This is a request for <input type="checkbox"/> a FIRST extension <input type="checkbox"/> a SECOND extension <input type="checkbox"/> an EXTRAORDINARY extension		
Please, provide a reason for the request. Additional sheets may be appended. Medical or disability related circumstances, which have delayed the completion of assignments, shall be accompanied by a health or disability related certificate from an appropriate professional. For time-limited medical conditions, please use the Verification of Illness form .		
Student Signature:		Date:

Section 2 – To be completed by the Supervisor

A statement detailing the reasons to approve or deny the extension must accompany this request. Additional sheets may be appended to this form.		
Please Indicate Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Declined	Supervisor Signature:	Date:

Section 3 – Approvals

For First, Subsequent and Extraordinary Extensions:

Please Indicate: <input type="checkbox"/> Approved – date by which the Comprehensive Examinations must be completed: _____ <input type="checkbox"/> Declined	
College Graduate Director Signature:	Date:

For Subsequent and Extraordinary Extensions:

Please Indicate: <input type="checkbox"/> Approved <input type="checkbox"/> Declined	GCTS Signature:	Date:
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Personal information is collected for the purpose of admission, registration, academic programs, university-related student activities, activities of student societies, safety, financial assistance and awards, graduation and university advancement, and reporting to the government.

Your Personal Information will be protected at all times.

If you have questions please contact the TST Registrar, Toronto School of Theology, 47 Queen’s Park Crescent East, Toronto, ON, M5S 2C3
or call 416-978-4040.

Office Use: <input type="checkbox"/> College Registrar <input type="checkbox"/> Student <input type="checkbox"/> GCTS Office
