



REQUEST FOR CONJOINT PhD/MA PROGRAM EXTENSION

NOTE: This program extension form is for students in the Conjoint PhD/MA program only.

As per §A7.2 of the Graduate Conjoint Degree Handbook, in exceptional circumstances, a doctoral or master's student who has not completed all the degree requirements within the normal time limit is eligible to apply for a program extension. Doctoral students are eligible to apply for four (4) one-year extensions; master's students are eligible to apply for two (2) one-year extensions. A program extension is granted for one year, normally starting in September.

Section 1 – To be Completed by the STUDENT

Last Name:		First Name:		Student Number:	
College of Registration:			Program: <input type="checkbox"/> PhD <input type="checkbox"/> MA		
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 .					
Show evidence that any remaining degree requirements will be completed during the period of extension (additional sheets may be appended to this form):					
Student's Signature:				Date:	

Section 2 – To be Completed by the COLLEGE GRADUATE DEGREE DIRECTOR

A statement detailing the reasons to approve or deny the program extension must accompany this request (along with a physician's certificate in the case of illness). Additional sheets may be appended to this form.		
Please indicate date extension will begin: YEAR: _____, MONTH: <input type="checkbox"/> September <input type="checkbox"/> January		
Please Indicate: Approved / Declined	College Graduate Director Signature:	Date:

Section 3 – To be Completed by the GCTS (for Second & Extraordinary Extensions)

Please Indicate: Approved / 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
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