



REQUEST FOR CONJOINT PHD PROGRAM EXTENSION

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

As per §A7.2.1 of the Graduate Conjoint Degree Handbook, in exceptional circumstances, a doctoral student who has not completed all the degree requirements within the normal time limit is eligible to apply for four one-year extensions. In order to qualify, the student must have completed the general examinations. A program extension is granted for one year starting in September or January.

Section 1 – To be Completed by the STUDENT

Last Name:	First Name:	Student Number:
College of Registration: <input type="checkbox"/> EM <input type="checkbox"/> KN <input type="checkbox"/> RG <input type="checkbox"/> SM <input type="checkbox"/> TR <input type="checkbox"/> WY		
U of T 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		
Reason for the request along with a physician’s certificate in the case of illnesses: (Additional sheets may be appended to this 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 ADVANCED 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 illnesses). Additional sheets may be appended to this form.		
Please Indicate:		
Start date of extension:		September / January Year: _____
Please Indicate: Approved / Declined	College AD Director’s Signature:	Date:

Section 3 – To be Completed by the GCTS Office (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"/> College AD Director	<input type="checkbox"/> GCTS Office