



REQUEST FOR PROGRAM EXTENSION

NOTE: Doctoral students who started their program prior to 2012 should consult with their college Advanced Degree Director. Students in the Conjoint PhD should use the *PhD Conjoint Program Extension Form*.

DOCTORAL STUDENTS: As per §6.5.2 of the ThD/PhD Handbook, in exceptional circumstances, a doctoral student who has not completed all the degree requirements with in the normal time limit is eligible to apply for three on-year extensions. In order to qualify, the student must have completed the comprehensive examinations. A program extension is granted for one year starting in September or January.

MASTERS STUDENTS: As per §6.4.2 of the MA and the ThM Handbooks, a student requiring more than six years to complete the program must obtain the approval by signature of the AD Director of the college of registration, and submit the form to the GCTS Office. A program extension is normally granted for one year beginning in September or January. A student who desires a program extension for more than one year must submit a new petition for the second year. A maximum program extension of two years may be granted under this paragraph. Further program extensions can be granted only for compelling compassionate reasons.

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				Program:	
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
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