



# REQUEST FOR PROGRAM EXTENSION

**NOTE:** Doctoral students who registered in their program prior to 2012 should consult with their college Graduate Director. Students in the Conjoint MA or PhD programs should use the *Request for Conjoint PhD/MA Program Extension* form. This form **MUST** be completed using the fillable PDF function.

**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 within the normal time limit is eligible to apply for three one-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 Graduate 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:			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 <b>FIRST</b> extension <input type="checkbox"/> a <b>SECOND</b> extension <input type="checkbox"/> an <b>EXTRAORDINARY</b> extension (after a second 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 <a href="#">Verification of Illness form</a> .					
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 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: <b>YEAR:</b> _____ <b>MONTH:</b> <input type="checkbox"/> September <input type="checkbox"/> January		
Please Indicate: <b>Approved / Declined</b>	College Graduate Director Signature:	Date:

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

Please Indicate: <b>Approved / Declined</b>	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.

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