

Graduate Student Funding Extension Form

Must be completed one semester prior to termination date listed on offer letter!

Current term/year _____

Student Name _____

UFID _____

Degree ____ PhD __ _Masters College ____ EG __ _AG

Advisor _____

I request a one-semester extension of funding in order to complete my degree. I understand that my advisor must provide a funding source on this form and that if funding is not available I will have to continue my education as a self-funded student.

Termination date on Letter of Offer _____

Extension requested for (term/year) _____

I expect to graduate during the above listed term ____yes ____no

If no, expected term/year of graduation _____

Student signature _____ Date _____

Advisor signature _____ Date _____

Funding type (OPS, Assistantship, Scholarship, other) _____

Funding source (be specific). No extensions will be granted without a guaranteed funding source.

I understand that this extension is only for one semester and additional requests must be submitted and approved for additional extensions of funding for my student. ***I also understand that graduate assistantships to provide an in-state rate and health insurance require 9 hours of registration in the Fall and Spring and 6 hours in the Summer.*** I understand that I must pay the cost for out-of state tuition if my student registers for fewer credits.

Funding reviewed and confirmed _____ Date _____

Max Williams

Department Chair Approval _____ Date _____

Return this form to Robin Snyder