

DEPARTMENT OF ANTHROPOLOGY
Request for an extension of student's statute of limitations

Date: _____

To: Dean of the Graduate School

From: Graduate Program Director

Student's Name: _____ Student number: _____

Student's Declaration: My current statute of limitations is set to expire on:

Month: _____ Year: _____

Would you kindly extend my statute of limitations to (circle one):

a. January 15

b. April 30

c. August 31

Year: _____

I have appended a written justification for this request, including a detailed plan and schedule for the completion of all remaining program steps.

Student's signature: _____ Date: _____

Advisor's Certification: As chair of the student's committee, I have read the appended request, and I approve it as a reasonable plan of work.

Chair's Signature: _____ Date: _____

Graduate Program Director's Certification: I invite you to respond favorably to this request, which I support.

GPD's Signature: _____ Date: _____