

**FLORIDA STATE UNIVERSITY
OFFICE OF GRADUATE STUDIES
CANDIDACY EXTENSION REQUEST**

NAME OF STUDENT: _____ **DATE:** _____

DEPARTMENT: _____

JUSTIFICATION FOR REQUEST:

Has student been granted an extension previously? Previous extension date(s): _____
Please describe any progress during previous extension.

APPROVED:

Supervisory Committee Member	Date	Supervisory Committee Member	Date
Supervisory Committee Member	Date	Supervisory Committee Member	Date
Supervisory Committee Member	Date	Supervisory Committee Member	Date
Department Chair	Date	Academic Dean	Date

APPROVED: _____
Dean of Graduate Studies **Date**