

Thesis/Dissertation Final Draft Deadline Extension Form

Complete and route this form using DocuSign to your Chair, Graduate Program Coordinator, and Associate Dean, Dr. Sandra Hansmann, for review and consideration. For assistance with DocuSign, contact ETD@utrgv.edu.

Note: Extensions are typically granted for one week past the posted deadline. No extension has been granted until you receive a response from ETD@utrgv.edu.

Student name (Last, Firs	t):			
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Graduate Program:				
of completion forms to textenuating circumstand	the Graduate College. I a ces only and I have provi ject to the final approva	raft of my dissertation or the cknowledge that such extended ded a detailed justification for I of the Associate Dean of the	sions are u or my requ	sually granted under est below. I understand
Student Signature			Date	
Committee Chair Signatu	ure		Date	
Graduate Program Coord	dinator Signature		Date	
THE GRADUATE O	COLLEGE			
I hereby	Approve the request	Deny the request		
Associate Dean of	⁻ The Graduate College, S	ignature (Dr. Sandra Hansmann)		Date
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