

Thesis/Dissertation Final Manuscript Deadline Extension Form

Complete and route this form using DocuSign to your Chair, Graduate Program Coordinator, and Associate Dean, Dr. Salvador Contreras, 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):			
Student ID Number:				
Graduate Program:				
certification of completi granted under extenuat	on forms to the Graduate ing circumstances only ar t all requests are subject	anuscript of my dissertation of College. I acknowledge that and I have provided a detailed to the final approval of the A	t such exte justificati	ensions are usually on for my request
Student Signature			Date	
Committee Chair Signati	ure		Date	
Graduate Program Coor	dinator Signature		Date	
THE GRADUATE O	COLLEGE			
I hereby	Approve the request	Deny the request		
Associate Dean of	The Graduate College, Si	gnature (Dr. Salvador Contreras)		Date
OFFICE USE ONLY:	Response Sent:	Initials:	Date:	