



**Request to Extend the Time Limit for Completing the M.Sc. or Ph.D. Thesis
(PAGE 1)**

Instructions:

1. Student fills out the first page.
2. Supervisor fills out the second page.
3. Student delivers the completed two-page form to the Graduate Administrator.
4. The Graduate Coordinator may contact the student and/or supervisor for additional information before considering the request for the extension.

To be filled out by the STUDENT:

Name: _____ **Date:** _____

Check One: Writing M.Sc. Thesis ☐
Writing Ph.D. Thesis ☐

Date of Terminal Committee Meeting: _____

1. Which chapters have been:	Written	Approved by Supervisor	Not Applicable
Introductory Chapter	<input type="checkbox"/>	<input type="checkbox"/>	
Data Chapter 1	<input type="checkbox"/>	<input type="checkbox"/>	
Data Chapter 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data Chapter 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data Chapter 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussion/Conclusion Chapter	<input type="checkbox"/>	<input type="checkbox"/>	

2. What are the main reasons for the delay in the completion of the remaining chapters (additional pages may be appended as required)?

3. Given the delay, what is the proposed new date for the completion and supervisory approval of the thesis (bearing in mind that the supervisor and supervisory committee are afforded 6 weeks to critique a Ph.D. thesis and 4 weeks for an M.Sc. thesis)?

Note: If the 3-month deadline for an M.Sc. thesis or the 4.5-month deadline for a Ph.D. thesis pass without an approved extension, the graduate stipend may be withdrawn due to failure to meet program requirements. **HOWEVER**, a supervisor may not withdraw as student's stipend without prior consultation with the Graduate Coordinator. If a student has set up the oral defense within the required time frame, he/she shall continue to receive a stipend until the defense and thesis revisions have been completed.

FACULTY OF MEDICINE

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**Request to Extend the Time Limit for Completing the M.Sc. or Ph.D. Thesis
(PAGE 2)**

To be filled out by the SUPERVISOR:

Student's Name: _____

I have read the information provided by the STUDENT on PAGE 1, and:

- ☐ Agree that the thesis will be completed (including critique and corrections) by the date proposed on PAGE 1.
- ☐ Believe that a more realistic date for completion is: _____

Are there any comments that you would like to provide that might explain the delay in completing the thesis that are not covered on PAGE 1 (additional pages may be appended as required)?

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Name (Print): _____

Name (Signature): _____ **Date:** _____

Graduate Coordinator Signature

Date