BARUCH COLLEGE / CUNY
ZICKLIN SCHOOL OF BUSINESS
OFFICE OF GRADUATE ACADEMIC SERVICES
One Bernard Baruch Way/Box B13-221
New York, New York 10010
Tel: (646)312-3140 Fax: (646)312-3141

APPLICATION FOR EXTENSION OF TIME LIMIT

Complete this form if you need an extension of up to two semesters (excluding summers) to complete your degree requirements. Return this form to the Office of Graduate Academic Services. Students requesting a further time extension must fill out a "Graduate Committee on Academic Standing Appeal Form."

Name _____ SS/ID# _____–____–_____
Last First M.I.
Address _____
Street City State Zip Code
Telephone (Day) _____ (Evening) _____

Email _____

Degree Status: MBA in_____ MS in _____ Full-time ☐ Part-time ☐

I began the program in FALL _____ SPRING _____
yr. yr.

I request an extension of time limit to: Semester: _____Year _____
Reason: _____
_____
_____

Student's signature _____ Date _____

OFFICE USE ONLY

Entered (term ending) _____ Time limit expires (term ending) _____
Credits completed _____ Credits remaining _____ Current GPA _____

FINAL ACTION

Extension granted to term ending _____
Extension denied ☐
Comments _____
_____

Approved by _____ Date _____
Signature
Copy sent to student (date) _____ Copy sent to Registrar (date) _____

EB/cbc 4/00