# UBC-crest.pngDepartment of Microbiology and Immunology

Note: This form once filled should be sent to [ubcmicb-g-grad@mail.ubc.ca](mailto:ubcmicb-g-grad@mail.ubc.ca)

# MSC EXTENSION REQUEST FORM

**STUDENT INFORMATION**

|  |  |
| --- | --- |
| **Given Name:** | **Student Number** |
| **Family Name:** | **Email:** |

**Program Start date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has student been on leave? If so, dates:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Original deadline for program completion:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has the student had previous extensions**  No  Yes If yes, (Please provide dates):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Extension length requested:**

|  |  |
| --- | --- |
| **From** (yyyy/mm/dd): | **To** (yyyy/mm/dd): |

**Note: An extension must correspond with the beginning and end of the term and please provide a paragraph justifying the extension.**

**Approval of supervisor:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approval of program advisor**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_