

Petition to Extend 7–Year Time Limit for the Doctoral Degree FACULTY USE ONLY

Email submission to gradsvcs@lsu.edu.

Student Information:

| LSU Student ID | Last Name | First Name | Middle Name | |
|---------------------------------|-----------|------------------|-----------------------|--|
| Date | LSU Email | | Department/College | |
| Proposed Semester of Graduation | | Proposed Defense | Proposed Defense Date | |

Requirements:

- Student has passed his/her general examination.
- o Petition and letter of support written by the major professor: describes the student's current status in the program, addresses the extenuating circumstances related to the student's need for an extension, and includes a dissertation word count (if applicable).
- Petition includes a detailed timeline for completion within one year.
- Petition is unanimously supported by the committee.
- Petition includes supporting documentation for medical/legal issues (if applicable).
- Petition and all supporting documentation are attached to this form in a single scanned document. 0

Approvals:

In lieu of physical signatures, emailed statements of approval can be attached. "See email" should be written in the signature field.

| Committee Chair: | Signature: | | |
|------------------------------------|------------|-------------|--|
| Committee Member: | | | |
| Committee Member: | | | |
| Committee Member: | | gnature: | |
| Committee Member: | Signature: | | |
| Administrative Approval: | | | |
| Department Chair/Graduate Advisor: | Signature: | | |
| College Dean: | Signature: | | |
| Dean of the Graduate School: | Signature: | | |
| Status of Petition: | Denied | | |
| Reason for Denial: | | | |
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