

Screening Extension Request and Completion Plan

Student Name: _____

Student ID Number: _____ Year entered the program: 20____

Number of previous Leaves of Absence (include Health Leaves): _____

Committee Members:

Chair: _____

Extension is requested for (circle all that apply): Abstract Paper Defense

Original Due Date: ____/____/____

Requested Due Date after Extension: ____/____/____

Due Dates of previously approved extensions for this project (if any):

Estimated Completion Date for Screening Paper: ____/____/____

Reason for requesting the extension (ex: health, IRB delays, committee member out of town, etc):

What has been so far completed on the Screening Project? (ex: rough draft of full document, data analysis, outline of full document, etc)

Please outline your Screening Completion Plan, including specific items, dates, and deadlines: