

THE GRADUATE SCHOOL
MONTCLAIR STATE UNIVERSITY

REQUEST FOR GRADUATE EXTENSION OF MATRICULATION

Return the completed form, with all signatures, to The Graduate School,
College Hall 203, Montclair State University
Upper Montclair, NJ 07043

Use this form when requesting an Extension of Matriculation in your graduate program. Please type or print clearly. After your graduate adviser approves the extension, all copies of the form should be sent to The Graduate School for final approval.

Name _____ Date of Request _____

Address _____ Social Security No _____ - _____ - _____

Maximum Extension of Matriculation is two (2) semesters, excluding summers.

I request an Extension of Matriculation:

Program _____ Concentration _____

Semester/Year of last course completed _____ Date of Admission _____

Justification for request _____

Student's Signature _____ Date _____

Graduate Adviser's Signature _____ Date _____

The Graduate School's Use Only

_____ Approved _____ Denied _____
(Comments)

Signature _____ Date _____ New expiration _____

Web Form Distribution:

The Graduate School

Student (after The Graduate School has signed)

Graduate Adviser (after The Graduate School has signed)