

THE GRADUATE SCHOOL  
MONTCLAIR STATE UNIVERSITY

REQUEST FOR GRADUATE EXTENSION OF MATRICULATION

Return the completed form, with all signatures to:  
The Graduate School / School of Nursing  
4th Floor  
(located between University Hall & the Student Center)

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 \_\_\_\_\_ Student ID \_\_\_\_\_

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I request an Extension of Matriculation:

Program \_\_\_\_\_ Concentration \_\_\_\_\_

Semester/Year of last course completed \_\_\_\_\_ Date of Admission \_\_\_\_\_

Justification for request \_\_\_\_\_

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Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Graduate Adviser's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**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)