

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 4<sup>th</sup> Floor

Use this form when requesting an Extension of Matriculation in your graduate program. Please type or print clearly. After your Graduate Adviser and Program Coordinator/Director approve the extension, all copies of the form should be sent to The Graduate School for final approval.

Name \_\_\_\_\_ Date of Request \_\_\_\_\_

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

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I request an Extension of Matriculation for semester: \_\_\_\_\_(ex: Fall 2023)

Program \_\_\_\_\_ Date of Admission \_\_\_\_\_

Semester/Year of Last Enrollment \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

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**\* You need to submit a written plan for completing your program by the expected graduation date, along with your justification for this request.**

Please note that if your request is approved, the extension of matriculation is valid for 1 semester. If you need more time, you will have to fill out another request form. You can view your time limitation in your program on page 3 of the [Graduate Policy Manual](#).

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

Adviser's Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Program Director's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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**The Graduate School's Use Only**

\_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_  
(Comments)

Signature \_\_\_\_\_ Date \_\_\_\_\_ New expiration \_\_\_\_\_