

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

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 approves the extension, all copies of the form should be sent to The Graduate School for final approval.

Name Date of Request
Email Student ID

I request an Extension of Matriculation for semester: _____ (ex: Fall 2023)
Program Date of Admission
Semester/Year of last course Enrollment Expected Graduation Date _____

***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](#).

Student's Signature _____ Date _____

Adviser's Name: _____ Signature _____ Date _____

Program Director's Name: _____ Signature _____ Date _____

The Graduate School's Use Only

Leave of Absence: _____ Matriculation: 7 years or 10 Years

_____ 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)