

THE GRADUATE SCHOOL  
MONTCLAIR STATE UNIVERSITY  
APPLICATION FOR THESIS EXTENSION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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Extension for Term: \_\_\_\_\_ Fall \_\_\_\_\_ Spring

Course #: \_\_\_\_\_ Thesis Extension is 1 Credit

**\*International Students only:** Instructional Method must be face-to-face or hybrid. Initial here to confirm that you acknowledge this statement. \_\_\_\_\_

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***To be filled out by the Thesis Sponsor***

Instructional Method:      H2H      HYB      AON      SON

Thesis Sponsor: \_\_\_\_\_

Print Name

Signature

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The Graduate School Approval

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Date