THE GRADUATE SCHOOL
MONTCLAIR STATE UNIVERSITY
APPLICATION FOR THESIS EXTENSION

Date: _____________________

Name: ______________________

Student ID: _________________

Signature: _____________________

Extension for Term: _____Fall _____Spring _____Summer

Course #: _______ (ex: ENGL 699) 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. ______

To be filled out by the Thesis Sponsor

Instructional Method: _________ (H2H, HYB, AON, or SON)

Thesis Sponsor: ______________________________________

Print Name _____________________ Signature _____________________

The Graduate School Approval ____________________ Date