

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