

**DePaul University**  
College of Education

**Request for Extension to Complete the Ed.D. Degree**

Student Information:

Name: \_\_\_\_\_ SSN/ID: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Term and Year in which you entered the program: \_\_\_\_\_

MAJOR COURSE OF STUDY:

*Educational Leadership*

*Curriculum Studies*

Length of Extension Requested: \_\_\_\_\_

List year and month you will complete the program requirements: \_\_\_\_\_

**Please attach a separate document explaining your reasons for requesting an extension.**

**Please attach documentation from your Dissertation Committee Chair attesting to your ability to finish in the time frame indicated above.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Ed.D. Program Director (sign to approve)

\_\_\_\_\_  
Date