

DEPAUL UNIVERSITY
COLLEGE OF EDUCATION

Request for Extension to Complete the EdD/PhD Degree

Student Information:

Name: _____ DePaul ID#: _____

Address: _____

Primary Phone: _____ Secondary Phone: _____

Primary Email: _____ Secondary Email: _____

Term and Year in which you entered the program: _____

Concentration:

Educational Leadership, EdD	_____	Curriculum Studies, EdD	_____
Global Catholic, EdD	_____	Curriculum Studies, PhD	_____
Higher Education, EdD	_____	Early Childhood, EdD	_____

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/Capstone Advisor attesting to your ability to finish in the time frame indicated above.

Student Signature

Date

Signature, Doctoral Program Director (sign to approve)

Date

Please submit completed form to the Doctoral Program Office (COE Room 346).