

THE GRADUATE SCHOOL
MONTCLAIR STATE UNIVERSITY

REQUEST FOR GRADUATE EXTENSION OF MATRICULATION

Return the completed form, with all signatures to:
The Graduate School / School of Nursing 4th Floor

Use this form when requesting an Extension of Matriculation in your graduate program. Please type or print clearly. After your Graduate Adviser and Program Coordinator/Director approve the extension, all copies of the form should be sent to The Graduate School for final approval.

Name _____ Date of Request _____

Email _____ Student ID _____

I request an Extension of Matriculation for semester: _____(ex: Fall 2023)

Program _____ Date of Admission _____

Semester/Year of Last Enrollment _____ Expected Graduation Date _____

*** You need to submit a written plan for completing your program by the expected graduation date, along with your justification for this request.**

Please note that if your request is approved, the extension of matriculation is valid for 1 semester. If you need more time, you will have to fill out another request form. You can view your time limitation in your program on page 3 of the [Graduate Policy Manual](#).

Student's Signature _____ Date _____

Adviser's Name: _____ Signature _____ Date _____

Program Director's Name _____ Signature _____ Date _____

The Graduate School Use Only