

**THE GRADUATE SCHOOL  
MONTCLAIR STATE UNIVERSITY  
APPLICATION FOR THESIS EXTENSION**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Signature: \_\_\_\_\_

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Extension for Term:    \_\_\_\_ Fall        \_\_\_\_ Spring        \_\_\_\_ Summer

Course #

\_\_\_\_\_ be face-to-face or hybrid. Initial here to  
confirm that you acknowledge this statement. \_\_\_\_\_

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***To be filled out by the Thesis Sponsor***

Instructional Method: \_\_\_\_\_ (H2H, HYB, AON, or SON)

Thesis Sponsor: \_\_\_\_\_

Print Name

Signature

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The Graduate School Approval

Date